



# APPLICATION FOR ROLL-OFF TRASH BIN/CONTAINER

**San Gabriel**  
CITY WITH A MISSION

Public Works  
Engineering Division  
425 South Mission Drive  
San Gabriel, CA 91776

Telephone: (626) 308-2825 Website: www.sangabrielcity.com

Please print legibly

Permit #: \_\_\_\_\_ \$ \_\_\_\_\_

Today's Date: \_\_\_\_\_

Applicant's Name/Company: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Permission is requested to place a roll-off trash bin at the following site:

(indicate property address and bin placement location)

Purpose: \_\_\_\_\_  
(removal of building materials, trash, yard work, etc.)

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Note: Applicant to provide barricades at both ends of roll-off bin located in the street.  
Please allow 7 days per permit request.

**THE CITY OF SAN GABRIEL HAS AN EXCLUSIVE FRANCHISE WITH ATHENS DISPOSAL COMPANY. THEIR PHONE NUMBER IS (626) 336-6100. YOU MUST USE THIS COMPANY'S ROLL-OFFS AND BINS. NO OTHER COMPANY IS AUTHORIZED TO PROVIDE THIS SERVICE TO YOU.**

## FOR CITY USE ONLY

**Findings by Engineering Division:**

- Approved
- Denied

Staff Signature: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Date of Decision: \_\_\_\_\_

Copy: San Gabriel Police Department

**Date Received  
Application**  
(CD date stamp here)