

CITY OF WILLARD, OHIO PORTABLE TOILETS

DATE: _____

LOCATION OF PROPOSED PORTABLE TOILET: _____

PROPERTY OWNER:

APPLICANT (IF DIFFERENT):

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

SIGN DESCRIPTION

USE ONE FORM PER PORTABLE TOILET

PURPOSE / EVENT: CITY, SCHOOL DISTRICT, COUNTY, OR STATE PROPERTY / EVENT
 CIVIC OR CHURCH PERMITTED EVENT
 PERMITTED CONSTRUCTION SITE
 RESIDENTIAL (MAXIMUM 2 DAY PERIOD)
 OTHER: _____

LENGTH OF USE: TEMPORARY (≤ 7 DAYS) LONG TERM (> 7 DAYS)

CONSTRUCTION: PRIVATELY/SELF MANUFACTURED COMMERCIALY PRODUCED UNIT

YES NO MAINTENANCE REQUIREMENT: MUST BE MAINTAINED IN GOOD WORKING CONDITION FREE OF ANY BREAKS, LEAKS, OR FOUL ODORS; DOORS MUST BE ABLE TO LATCH SECURELY; TEMPORARY USES MUST PLACE UNIT 10' FROM ADJACENT PROPERTY LINES; IN RESIDENTIAL AREAS TOILETS SHOULD BE LOCATED OUT OF SITE OF NEIGHBORS HOUSE IF PRACTICAL; LONG TERM USE MUST HAVE CONTRACT TO REGULARLY DISPOSE OF WASTE AND CHECK FOR DEFECTS; WHEN NOT IN USE MUST BE SECURED TO PREVENT USE IN A DANGEROUS OR INAPPROPRIATE MANNER ESPECIALLY BY CHILDREN.

____ ATTACHED SITE PLAN. (SHOW LOCATION OF PORTABLE TOILET FROM RIGHT OF WAY / PROPERTY LINES)

____ ATTACHED DISPOSAL AND MAINTENANCE CONTRACT IF LONG TERM

APPLICANTS SIGNATURE: _____

PRINTED NAME: _____

APPROVED BY:

CITY MANAGER

PUBLIC WORKS