



# Village of Bronxville – Public Works

200 Pondfield Road, Bronxville, NY 10708  
Telephone: (914) 337-7338 Fax: (914) 337-0158  
Email: DPW@vobny.com

## Application for Roll Off Container

**DEPOSIT: \$1,000.00**

**FEE: \$200.00**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Application completed for: \_\_\_\_\_  
(Complete this line if other than applicant)

Purpose for Permit: \_\_\_\_\_  
\_\_\_\_\_

Location of Work : \_\_\_\_\_

Size of Roll Off Container: \_\_\_\_\_

Work Commencement Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

The Applicant holds harmless the Village of Bronxville and its employees from any liability or responsibility for any accident, loss, or damage to persons or property occurring as the proximate result of any work undertaken under the terms of the permit application, and that all said liability is assumed by the applicant. Applicant agrees to comply with all applicable regulations and ordinances relating to said work. Attach two copies of a plan or sketch showing the proposed work and its location in reference to existing intersections or other landmarks.

By Signature: \_\_\_\_\_ Title: \_\_\_\_\_

### OFFICE USE ONLY

**Insurance Certificate Required  
Village of Bronxville – Additional Insured**

Insurance:

- General Liability Insurance – Not Less than \$ 1,000,000.00
- Automotive Liability – Not Less than \$ 1,000,000.00
- Workman’s Compensation Coverage Required – Submit Form WC/DB 100, C-105.2, CE-200

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_  
(Superintendent of Public Works)