

**TOWN OF SPENCER**  
*Office of Development & Inspectional Services*



*Planning Board  
Zoning Board of Appeals  
Conservation Commission  
Board of Health*

*Memorial Town Hall  
157 Main Street  
Spencer, MA 01562*

*Town Planner  
Inspector of Buildings  
Health Agent  
Wetland/Soil Specialist*

**PORTABLE TOILET PERMIT  
APPLICATION**

*Tel: 508-885-7500 ext. 180  
Fax: 508-885-7519*

Applicant Name: \_\_\_\_\_

Applicant Address (No PO Boxes): \_\_\_\_\_

Applicant Telephone No: \_\_\_\_\_

Property Owner Name (if different from applicant): \_\_\_\_\_

Owner Address (No PO Boxes): \_\_\_\_\_

Owner Telephone No: \_\_\_\_\_ Alternate Telephone No: \_\_\_\_\_

Location of Portable Toilet(s) \_\_\_\_\_ No. of Toilets: \_\_\_\_\_

Portable Toilets to be Delivered on: \_\_\_\_\_ Date of Pickup: \_\_\_\_\_

Fee Due: Number of units x number of days x %10.00 = \$ \_\_\_\_\_ (\$100.00 maximum)

Disposal Site: \_\_\_\_\_  
(Name and Address)

**PORTABLE TOILETS TO BE DELIVERED FROM:**

Company Name: \_\_\_\_\_

Company Address: (No PO Boxes): \_\_\_\_\_

Company Telephone No: \_\_\_\_\_ Fax No. (if any): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Official Use Only: Permit # \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_ Date Permit Expires: \_\_\_\_\_