

**City of Rockford, Illinois**

Planning and Zoning Division  
425 East State Street, Rockford, IL 61104  
Phone: (779) 389-7158 Fax: (815) 967-4243  
Web Site: [www.rockfordil.gov](http://www.rockfordil.gov)

**DUMPSTER ENCLOSURE WAIVER REQUEST FORM**

1. Date of application: \_\_\_\_\_
2. Address of dumpster location: \_\_\_\_\_
3. Property Index Number of subject property: \_\_\_\_\_
4. Name of property owner: \_\_\_\_\_ Phone: \_\_\_\_\_

(Address) (City) (State) (Zip)

5. Name of applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

(Address) (City) (State) (Zip)

6. Please attach a site plan of the property showing the location of all structures, parking, landscaping and dumpster location.
7. Please attach a detailed narrative demonstrating why the property is eligible for a waiver of the dumpster enclosure requirements. Specifically state how the waiver criteria is satisfied.

THE APPLICANT'S SIGNATURE BELOW INDICATES THE INFORMATION CONTAINED IN THIS APPLICATION AND ON ANY ACCOMPANYING DOCUMENTS IS TRUE AND CORRECT.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of property owner: \_\_\_\_\_ Date: \_\_\_\_\_

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Zoning District: \_\_\_\_\_ Zoning Clearance No.: \_\_\_\_\_

Inspection of site by: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Comments:

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Waiver request granted: Yes No Condition of waiver: \_\_\_\_\_

Waiver granted by: \_\_\_\_\_ Date: \_\_\_\_\_