APPLICATION FOR A TEMPORARY SKIP PERMIT – THE RYPE

	INSERT DETAILS IN THIS COLUMN PLEASE
YOUR NAME	
YOUR ADDRESS	
YOUR CONTACT PHONE NUMBER	
YOUR EMAIL ADDRESS	
COMPANY NAME (Builders etc) and contact details	
ADDRESS FOR LOCATION OF SKIP	
DATES PERMIT REQUIRED From and To	
Do the works related to the use of the skip have planning permission?	
SKIP SUPPLIERS NAME AND CONTACT DETAILS	
SIZE OF SKIP Must not exceed 8 yards	
HAVE YOU ENCLOSED THE DEPOSIT PAYMENT OF £50 REQUIRED WITH APPLICATION?	YES NO
YOUR SIGNATURE	
DATE	

OFFICE USE	Insert details in this colum
Location of skip checked and date	
Date form and deposit received method of payment	
Name of officer reviewing and agreeing	
Dates on permit	
Signature of officer	
Date approved	
Completion date/skip removed checked by and observations	
Deposit returned/date/issuing officer	
Deposit retained and reasons	
Future permits to be withdrawn?	