



**COOLBAUGH TOWNSHIP
MUNICIPAL CENTER**

5520 Municipal Drive , Tobyhanna, PA 18466
(570) 894-8490 • FAX (570) 894-8413

**2019
Compost Facility Permit Application
Commercial**

Business Name: _____

Street Address: _____ **Phone:** _____

Authorized Person

Last Name: _____ **First Name:** _____

Permit Fee \$750.00 :

Make: _____ **Model:** _____ **Year:** _____ **Lic#:** _____

Make: _____ **Model:** _____ **Year:** _____ **Lic#:** _____

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Brush and Tree Branches not to exceed 24 inches across.

With my signature below, I hereby certify that I agree to follow the Compost Facility rules and regulations.

Signature: _____ **Date:** _____

Do not write below this line

Permit approved by: _____ **Date:** _____

Vehicle Permit #1: _____ **#2:** _____ **#3:** _____

4: _____ **#5:** _____ **#6:** _____ **#7:** _____

Total Fee Paid: _____