## FILL OUT BRING FORM TO A CECIL COUNTY SOLID WASTE MANAGEMENT FACILITY WITH PROOF OF RESIDENCY TO BE ISSUED A PERMIT CARD (ADDITIONAL \$10 FEE)

Cecil County Department of Public Works Solid Waste Management Division						
Disposal Permit Application						
*THIS PERMIT IS ISSUED TO THE INDIVIDUAL & CAN ONLY BE USED BY THE INDIVIDUAL, NO OTHER PERSON*						
Permit Number:	To be filled in by SWMD Staff To be filled in by SWMD Staff					
Name:						
First Last						
Out of County Address						
			hield			
City	State	State		Zip Code		
Cecil County Address	S	Street				
City	State	_		Zip Code		
Phone Number:		Cell:				
Email Address:						
	Optional		-			
Drivers License Number:			State of issue:			
Applicants Signature:						
By affixing my signature to this application, I hereby agree to abide by all Cecil County Solid Waste Management Division Rules and Regulations						
that apply to my person. I also affirm that all information provided is legal and accurate to the best of my knowledge						
Pormit Cotogory	For SWMD St		Staff	Initiala	Permit Term	
Permit Category	Residency Verification Type	Check Box	Staff	Initials	Permit Term	
Non Resident	Tax Record, Deed, Settlement Papers				2 years	
Non Resident (seasonal) or Special	Rental Agreement or proof of occupancy				3 months or as determined	
Active Military	Current DD214 or Current Legal Military I.D. card with a Lease or Property ownership record				2 years	
Cecil County Resident	Valid Maryland Drivers License with Cecil County Address				2 years	
New County Resident	Rental Agreement / Proof of property purchase	·			2 months	
Facility Receiving Permit Application: Landfill Woodlawn Stemmers Run						
Permit Status:						
Date Received by Attendant: Questions concerning this application: Please call 410					-	
Date Office		-	996-6275, ext	ension 0 & ask		
PC Scale E Expiration [			-	tor one of the (	Office Personnel	
			-			
Approval Signature:			Date:			
Last Updated 10/20/16	Original - Landfill Office					

www.ccgov.org

**WEBSITE FORM**