



SOUTHAMPTON BOARD OF HEALTH
PORTABLE TOILET APPLICATION

ANNUAL FEE \$100.00

DAILY FEE \$15.00

APPLICANT'S NAME _____

APPLICANTS ADDRESS _____

TELEPHONE NUMBER _____ CELL PHONE # _____

DAYS OF USE _____ VENDOR _____ VENDOR TEL. # _____

Please provide the following:

- Chemicals used in portable toilet (can be obtained from vendor/supplier)
- Maintenance schedule with dates from vendor.
- Copy of maintenance agreement with vendor & supplier
- Statement from vendor no grey water will be discharged onto the ground. (Supplied by vendor)
- Sketch plot plan or as-built showing proposed location with offsets. Plan to include location of wetlands, wells, structures, streams, lakes, parking, abutting streets.
- Location where effluent/solids will be disposed (Supplied by vendor)

Number of hand sanitizer stations on site _____

Location of hand sanitizer stations _____

Will you be providing handicap accessible portable toilets? Yes ___ No ___

Were you given a copy of the Southampton Board of Health Chemical Toilets and Portable Restroom Regulation? Yes ___ No ___

The applicant certifies that the portable toilet will be installed and maintained in accordance with the Southampton Board of Health regulations and all applicable state and federal regulations.

APPLICANT'S SIGNATURE

DATE

APPROVED BY: _____ DATE _____

The Board of Health may conduct random inspections. If necessary, the portable toilet will be replaced within 24 hrs. at no expense to the Board of Health. Re-inspections of portable toilets will be charged at \$25 per inspection.