



# Town of Nags Head PERMIT APPLICATION BRUSH/BULK ITEM DROP-OFF YARD Nags Head Public Services

Home Owner or  Renter- Name \_\_\_\_\_

(NH) Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Nags Head, NC \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Phone Number - Home \_\_\_\_\_ Cell/or work - \_\_\_\_\_

Vehicle information that will be hauling trash (must be registered in Homeowner/Renters name):

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

License Plate Number \_\_\_\_\_ State \_\_\_\_\_

I, the undersigned, acknowledge that I have received a copy of the "Regulations for Using the Brush/Bulk Item Drop-off Yard", and I agree to comply with those regulations.

Homeowner/Renter Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*For Office Use Only\*\*\*\*

APPLICATION APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

Proof of Residency Provided: (please check one)

- Driver's License
- Water Bill
- Dare County
- Other - \_\_\_\_\_

- NC Power Bill
- Property Tax Bill
- Phone Bill

Proof of Vehicle Registration Provided:

Registration

**STICKER NUMBER**