



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

Home Owner or Renter- Name _____

(NH) Street Address _____

_____ Nags Head, NC _____

Mailing Address _____

Phone Number - Home _____ Cell/or work - _____

Vehicle information that will be hauling trash (must be registered in Home Owner/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 _____

The sticker **MUST** be affixed to the authorized vehicle *in an easily accessible and readable location*. The permit sticker **shall be positioned with lettering and numbers upright**.

****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

Date issued _____