



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.