

OFFICIAL USE ONLY:

Fee Paid: \_\_\_\_\_

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Parcel Number (s): \_\_\_\_\_

**WILLIAMSTOWN TOWNSHIP  
APPLICATION FOR PERMIT FOR DONATION BIN**

**TO BE COMPLETED BY APPLICANT:**

I (We), the undersigned, do hereby respectfully request a permit for the placement of a donation bin and provide the following information to assist the review as outlined in Section 2.03(E) of the Williamstown Township Zoning Ordinance.

NAME OF APPLICANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF RESPONSIBLE PARTY FOR PLACEMENT, MAINTENANCE, AND EMPTYING THE BIN

Name \_\_\_\_\_ Phone \_\_\_\_\_

DESCRIBE THE MANNER AND SCHEDULE FOR EMPTYING OR REMOVING THE BIN AS WELL AS THE TYPE OF GOODS COLLECTED AND THE DESTINATION OF COLLECTED GOODS. \_\_\_\_\_

\_\_\_\_\_  
(Attach additional commentary if not enough space)

**PROPERTY OWNERS**

NAME(S): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**LOCATION OF PROPERTY:**

STREET ADDRESS: \_\_\_\_\_

SIDWELL (PROPERTY ID) NO. \_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING:**

1. Site plan showing buildings, driveway entrances, road frontages, road setbacks, parking and proposed location of donation bin.
2. Evidence of 501(3)C status.
3. Drawing or picture of the proposed bin showing the entity or organization that is responsible for maintaining the bin. The address and phone number for such entity shall also be written on the bin.
4. Application fee of \$50.00

**APPLICATION FOR DONATION BIN PERMIT**

**APPLICANT'S ENDORSEMENT:**

All of the information contained herein is true and accurate to the best of my knowledge. I understand that the Township will not review my application unless all information required by this application and the Zoning Ordinance has been submitted.

The owner, lessee, or other person or legal entity in control of the property where the donation bin is located and the person or entity that owns, maintains or operates the donation bin shall be jointly and severally liable for any violations.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF OWNER(S)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

REVIEW BY TOWNSHIP: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER/APPLICANT NOTIFIED: \_\_\_\_\_ DATE: \_\_\_\_\_