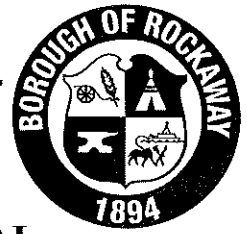


Borough of Rockaway

MUNICIPAL BUILDING • 1 EAST MAIN STREET • ROCKAWAY, NEW JERSEY 07866



APPLICATION FOR DONATION BIN PERMIT/RENEWAL

Original Application Renewal Application Date: _____

Name and address of property owner where bin will be located:

Name: _____

Address: _____

_____ Telephone Number: _____

Office of the applicant (if not the same as above), registered charitable organization and of any entity which may share or profit from any donations collected (attach additional sheet if necessary):

Name: _____

Address: _____

_____ Telephone Number: _____

Bin Location: (include current survey showing location of bin(s)) Number of bins at this location: _____

Address: _____ Block No. _____ Lot No. _____

Description of location (corner of property, building, etc.): _____

Please provide brief statements explaining:

The manner in which donations will be used, sold or dispersed: _____

The method by which proceeds will be allocated or spent: _____

The schedule of pickups to remove the articles from the bins (no less often than once per week):

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The name and telephone number of the person to be notified if the bin is overflowing prior to the scheduled date of pickup:

Name: _____

Address: _____

_____ Telephone Number: _____

The following documents MUST be attached:

- \$25.00 fee per bin.
- Proof that the donation clothing bin is owned by a charitable organization registered with the Attorney General of the State of New Jersey pursuant to P.L. 1994, c. 16 or any person.
- If applicant is not the owner of the property, written consent from the property owner or the owner's authorized representative, to place the bin on his/her property.
- Current survey showing location of bin(s).
- Pursuant to Chapter 173, Licenses and Permits, if the applicant is the owner of the aforementioned property, the applicant must provide proof from the Borough of Rockaway Tax Collector that taxes and assessments have been paid through the current quarter for the aforementioned property prior to the issuance of this permit.

In applying for a donation bin permit, I agree to fully comply with all provisions Chapter 123, Donation Bins, and Chapter A263, Fees.

Applicant: _____
(Print Name) (Signature)

Address: _____

_____ Telephone Number: _____

(FOR ZONING OFFICER USE ONLY)

Date Fee Paid: _____ Approved Denied _____ Date: _____

Zoning Permit Number: _____ Effective Dates: _____

Copies to: Applicant Zoning Officer Borough Clerk Public Works Dept. Police Dept.