

Township of **ORUR**
 oning Office
 125 Virginia Avenue
 Williamstown, NJ 08094
 () Ext. **RU**

ORWLJ Donation
 Bin Application

<u>Contact Information for Donation Bin Company</u>			
Company Name:		Name of Contact:	
E-mail:		Phone:	
Address:		Fax:	

The annual permit fee is \$**00DRO21/21(13(50,77(3(53523(57**
 Please include a check payable to the Township of **ORUR**.

<u>Property Owner Information</u>			
Block:		Location of the Donation Bins- Address:	
Lot:		Name of Property Owner:	
Consent of Property Owner: <small>(A separate document of consent may be attached to the application)</small>	_____ Signature Date		

<u>Office of the Company Sharing Profit</u>			
Company Name:		E-mail Address:	
Contact Name:		Phone:	
Address:			

Description of how clothing and donations collected will be used, sold or dispersed: _____

Description of how the proceeds of donations will be allocated: _____

\$n accurately scaled survey/plot plan showing the following:

- All existing and proposed construction drawn to scale
- Setback dimensions from property lines of donation bin
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By checking this box, I consent that I have reviewed and understand Township Code Chapter 96 pertaining to Donation Bins

 Applicant's Signature

 Date of Application

<u>OFFICE USE ONLY</u>			
Fee Paid:		Check Number:	
Consent from Property Owner:		DD	
License Number:		Date Issued:	