

Township of Monroe Zoning Office 125 Virginia Avenue Williamstown, NJ 08094 (856)728-9800 Ext. 222 or 237

Clothing Donation Bin Application

	Contact Information	n for Donation Bin Company	
	Contact Information		1
Company Name:		Name of Contact:	
E-mail:		Phone:	
Address:		Fax:	
The annua	al permit fee is \$25.00, and only O Please include a check p	ONLY ONE BIN PERMITTE ayable to the Township of Mon	
	Property (Owner Information	
Block:		Location of the Donation Bins- Address:	
Lot:		Name of Property Owner:	
Consent of Property Owner: (A separate document of consent may be attached to the application)	Signature	Date	
	Office of the C	Company Sharing Profit	
Company Name:		E-mail Address:	
Contact Name:		Phone:	
Address:			
Description of how t	he proceeds of donations will be	e allocated:	
All existing anSetback dimerWritten conse	survey/plot plan showing the formal proposed construction drawn to assign from property lines of donate and from the property owner to place.	scale tion bin te on the property	
	oox, I agree that the application is fi		11 0
Applicant's Signature Date of Application			

 OFFICE USE ONLY

 Fee Paid:
 Check Number:

 Consent from Property Owner:
 Date Paid:

 License Number:
 Date Issued: