BENSALEM TOWNSHIP

Building and Planning Department
2400 Byberry Road • Bensalem, PA 19020
Office 215-633-3644 • Fax 215-633-3753

E-MAIL SUBMIT

PERMIT APPLICATION FOR CLOTHING COLLECTION DONATION BIN

Permit #: _____
Fee: $ 100.00

APPLICATION AND PLAN CAN BE SUBMITTED ON DISC OR VIA EMAIL TO permitcenter@bensalempa.gov

GENERAL INFORMATION	**PERMITS FOR COLLECTION BINS WILL ONLY BE GRANTED TO A NON-PROFIT, CHARITABLE ORGANIZATION. WRITTEN VERIFICATION OF THE EXISTENCE OF THE NON-PROFIT, CHARITABLE ORGANIZATION MUST BE PROVIDED WITH APPLICATION** **SUBMISSION OF A DETAILED PLOT PLAN WITH MEASUREMENTS REQUIRED DEPICTING LOCATION OF PROPOSED CLOTHING COLLECTION DONATION BIN** **Property Owner Information** NAME: _____ ADDRESS: _____ _____ _____ PHONE No.: _____ **Applicant Information** NAME: _____ ADDRESS: _____ _____ PHONE No.:
PROPOSED LOCATION	**Proposed Location of Clothing Bin** STREET No. and NAME _____ TAX PARCEL No. _____
ADDITIONAL INFORMATION	• All requested information is required to be filed at the time of application. • Incomplete applications will not be processed. • The owner of the property and the permit applicant shall be responsible for maintaining the collection bin in a safe, clean, uncluttered and sanitary manner. • The owner of the property and the permit applicant shall replace the bin or remove its contents with reasonable frequency so as to prevent the overflow of items. • The name, address and telephone number of the property owner and permit applicant shall be clearly posted on the collection bin for identification purposes. • Permit cost $100.00 per bin & shall be renewed and billed annually in the form of a license.
PLAN REQUIREMENT	Placement of collection bin cannot violate any other code section of Township Ordinances. Detailed plot plan or drawing with measurements must accompany this application. Plan must detail existing conditions on the site including existing signs, buildings, parking areas, driveways, streets and all ultimate rights-of-way. Plan must also include proposed location of collection bin on the site.

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Contact Information	PROPERTY OWNER
Name	
Address	
Phone	
Email Address	
Signature	
(required) Date	
PERMIT APPLICANT	
Name	
Address	
Phone	
Email Address	
Signature	
(required) Date	

A SIGNED COPY OF THIS APPLICATION IS REQUIRED PRIOR TO ISSUANCE OF LICENSE

APPROVAL			
	NAME	**TITLE**	**DATE**
☐ **YES** ☐ **NO**		*Director of Building and Planning*	
	Matthew Takita		

Notes: