

COLLECTION BIN PERMIT APPLICATION



CITY OF ORANGE CITY, DEVELOPMENT SERVICES DEPARTMENT

205 E. Graves Avenue
Orange City, FL 32763
(386) 775-5415

ourorangecity.com

This application is for: (Check One)

- Initial Registration Renewal Change in Information Other (specify) _____

APPLICANT INFORMATION:

Collection Bin Operator Company Name: _____

Local Contact Name: _____

Company Address: _____

City, State, ZIP: _____

Phone: (____) _____ FAX: (____) _____ EMAIL: _____

Name of benefitting organization(s): _____

Legal form of business (Please check one): Corporation Partnership Sole Proprietor LLC 501.C3

COLLECTION BIN LOCATION:

Street Address: _____

Tax Parcel Number: _____ - _____ - _____

Location where bin will be placed (state as specifically as possible): _____

Existing Zoning : _____ Existing land use: _____

Name of property owner: _____ Property owner phone number: _____

Property owner email: _____

REQUIRED ATTACHMENTS:

- Site plan of proposed bin location
- Proof of registration with the State of Florida Charitable Solicitation Division
- Notarized authorization of ownership form
- \$50 application fee

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TO BE COMPLETED BY CITY STAFF:

Date Stamp:		Received by:	
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LIMITATIONS:

Collections bins shall comply with the adopted regulations, Ordinance No. 612, which generally include, but are not limited to, the following requirements (Ordinance No. 612 should be thoroughly reviewed prior to application to the City):

1. One collection bin allowed per developed, nonresidential property in the CG-1, CG-2, I-1, I-2 or MX-2 zoning district.
2. Maximum 6- feet in height and 25- square feet in area.
3. Not located within any required yard, parking space or landscape area.
4. Placed on an improved impervious surface.
5. Does not obstruct vehicular or pedestrian traffic, or cause a safety hazard.
6. Maintenance of collection bin and surrounding area is the responsibility of the bin operator and property owner.

APPLICANT SIGNATURE:

APPLICANT PRINT:

DATE:



COLLECTION BIN OWNER AUTHORIZATION FORM

Mail or hand-deliver the completed form with associated applications to:
City of Orange City
205 E. Graves Avenue
Orange City, FL 32763
(386) 775-5415 Fax (386) 775-5420

I/We, _____,
(PRINT OWNER'S NAME)

as the sole or joint fee simple title holder(s) of the property described as:

(LEGAL DESCRIPTION AND/OR PARCEL NUMBER)

authorize _____ to place a collection
(PRINT DONATION BIN OPERATOR NAME)

bin on the above property in accordance with City Ordinance No. 612. I understand and acknowledge that, as the property owner, I could be subject to a code enforcement violation and held responsible for any violation of City Ordinance No. 612 by the collection bin operator or attributable to the presence of the collection bin on my property.

OWNER'S SIGNATURE

OWNER'S SIGNATURE

DATE

DATE

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____
(DATE)

by _____, who is personally
(NAME OF PERSON ACKNOWLEDGING)

known to me or who has produced _____ as
(TYPE OF IDENTIFICATION)

identification and who did not take an oath.

NOTARY PUBLIC, STATE OF _____
Type or Print Name:

Commission No.:

My Commission Expires:

