



CITY OF EUCLID

BUILDING DEPARTMENT

DONATION CONTAINER APPLICATION

* ~ ~ ~ PLEASE TYPE, OR PRINT CLEARLY ~ ~ ~*

***PROJECT ADDRESS:** _____

Application is hereby made for a permit to install and maintain:

One Two Clothing Donation Container(s)

The required fee per donation bin per *ECO 1703.65(a)(4)(F)* is \$100.00*

**At locations where the donation bin is owned by and benefits the property owner or tenant where the bin is located, in such case the permit fee shall be waived.*

*** You may submit your application electronically in lieu of physical copies to zoning@cityofeuclid.com ***

***IDENTIFICATION AND CONTACT INFORMATION (all fields required)**

***Property Owner:**

NAME	ADDRESS	CITY	STATE	ZIP
PHONE	FAX	EMAIL		

***Entity Responsible for Placing, Emptying, Servicing, Maintaining, and Removing the Donation Bin:**

NAME	ADDRESS	CITY	STATE	ZIP
PHONE	FAX	EMAIL		

***Property Manager**

NAME	ADDRESS	CITY	STATE	ZIP
PHONE	FAX	EMAIL		

The following are required and must be submitted with your application for it to be processed:

Written authorization from the party in control of the private property, including the terms of its placement by lease or otherwise

_____ A site plan drawing showing where the donation bin will be placed on the premises

Additional Information (Per ECO Chapter 1396 - Clothing Donation Containers)

ON-SITE LOCATION STANDARDS

- (a) No donation bin shall be placed in any location that obstructs the sight lines of vehicular traffic entering or leaving a property or maneuvering drive aisles within the property.
- (b) No more than two donation bins shall be permitted on any parcel of property.

CONTAINER MAINTENANCE STANDARDS.

- (a) Every donation bin shall be maintained in a neat and clean condition and in good repair at all times. Each donation bin shall be serviced and maintained so that it is free of dirt, grease, free of chipped, faded, peeling paint, cracked paint, free of rust and corrosion and free of cracks, dents, blemishes and discoloration.
- (b) Each bin shall clearly state the name, address and phone number of the organization responsible for emptying, servicing and maintaining the donation bin.
- (c) Donation bins shall be emptied regularly and within forty-eight hours of the primary contact person being notified by any City official that the donation bin is full.

IMPOUNDMENT AND PENALTIES.

- (a) Any donation bin placed or maintained within the City of Euclid that is not first permitted or is not in compliance with all requirements of this chapter shall be subject to immediate impoundment by the City.
- (b) Any donation bin which is not emptied and cleared of excess debris within 48 hours of a report to the primary contact person by the Zoning Commissioner or their designee may be subject to impoundment.
- (c) Notice shall be provided via mail, fax, or email address to the owner that a donation bin was impounded. Any donation bin impounded by the City shall be released to the owner upon:
 - (1) Securing proper permit for placement in Euclid;
 - (2) Providing a plan for upkeep and maintenance of the bin or removing bin from the City;
 - (3) Paying the impound fee of two hundred fifty dollar (\$250.00).
- (d) If after thirty days the donation bin is not retrieved by the owner, the donation bin may be sold and the funds will be credited to the City or disposed of in an appropriate manner as determined by the Service Director.

I hereby affirm the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her agent to conform to all laws of this jurisdiction. Any false statements, false information or omissions shall result in this permit application being deemed null and void.

Permit must be obtained prior to work. Failure to obtain permits prior to construction will result in penalty as per Euclid Codified Ordinance 1703.01 THE PERMIT FEE SHALL BE DOUBLED WHENEVER A JOB IS STARTED PRIOR TO OBTAINING A PERMIT. Euclid Codified Ordinance 1703.65

*Signature of Applicant, Contractor, or Owner

Federal ID # if signing for a corporation

*Application Date

***ALL FIELDS ON THIS PAGE MARKED WITH AN ASTERISK REQUIRED**
FAILURE TO PROVIDE INFORMATION MAY RESULT IN A DELAY OF APPLICATION APPROVAL

~ ~ ~ ~ ~ **OFFICE USE ONLY** ~ ~ ~ ~ ~

PERMIT NUMBER: 20 ____ - _____ **PERMIT FEE:** \$ _____

ZONING REVIEW

Zoning District: U1 – U3 ____ U4 ____ U5 ____ U6 ____ U7 ____ U8 ____ CI ____
Overlay District: Downtown Overlay District ____ Planned Unit Development ____ Other ____

Permit Description:

PERMIT APPROVAL

ZONING COMMISSIONER

INITIAL INSPECTION

FINAL INSPECTION

BY: _____ DATE: _____ BY: _____ DATE: _____ BY: _____ DATE: _____