

VILLAGE OF HARRIMAN

DONATION DROP-OFF BIN PERMIT APPLICATION

Date: _____ Application No. _____

\$25.00 application fee (per bin). Upon approval, permits require annual renewal @ \$25.00/year

1. Applicant: (check one) owner: _____ operator: _____ other: _____

2. Name and address of applicant _____

APPLICANT PHONE NUMBER: _____

3. Name and address of owner of record, if different than applicant

OWNER PHONE NUMBER: _____

APPLICANT MUST PROVIDE OWNER'S ENDORSEMENT FORM

4. Property Location:
Street Address: _____

Tax Map ID# Section _____ Block _____ Lot _____

Zoning District of Property: _____

5. Is the operator a registered "non-profit" organization? YES _____ NO _____
*** If yes, provide proof of tax status under IRS Code Sec. 501 C (3) ***

6. Give a brief description of site: _____

7. Present primary use of premises: _____

8. Destination of items removed from bin: _____

9. Manner & frequency of bin emptying: _____

10. In event of overflow, will bin be emptied immediately? YES _____ NO _____
11. Will there be three (3) or less bins (total) on the site? YES _____ NO _____
12. Does the size of the bin cover not more than 5 feet x 6 feet? YES _____ NO _____
12. Is bin total height not more than 6 feet? YES _____ NO _____
13. Will bin be located outside of a front yard? YES _____ NO _____
14. Will bin location meet minimum zoning set-backs? YES _____ NO _____
15. Will bin location comply with approved Site-Plan (if applicable)? YES _____ NO _____
16. Will bin be located outside of existing parking space(s)? YES _____ NO _____
17. Will bin not interfere with vehicle or pedestrian traffic? YES _____ NO _____
18. Will bin not affect traffic sight-lines? YES _____ NO _____
19. Will bin not significantly impact landscaping? YES _____ NO _____
20. Is applicant familiar with the Village of Harriman's specific regulations, and penalties for non-compliance, pertaining to Donation Drop Bins? YES _____ NO _____

CERTIFICATION:

I _____, being duly sworn, deposes and says that (s)he has signed the foregoing application as owner or, the duly authorized officer/agent of the owner; that the statements contained in said application are true.

Signature of Applicant

Sworn before me this _____ day of _____ 20____

NOTARY PUBLIC – STATE OF NEW YORK