Planning / Zoning
TOWNSHIP OF WASHINGTON / GLOUCESTER COUNTY **856-589-0520 ext. 2233 or 2228**
MUNICIPAL BUILDING, P.O. BOX 1106, TURNERSVILLE NJ 08012

ZONING PERMIT APPLICATION – Charitable Bins

Annual Permit

Date_____ Fee_____ Check# _____ Cash_____ Block _____ Lot _____ Zone _____

Welcome to the Washington Township Permit Process. Our goal is to make your experience as simple and efficient as possible. You can help us by ensuring that your application is correct and complete. Please clearly print or type all necessary information on the application and submit all required documentation. The documentation required is outlined below.

Zoning Permit Checklist – The following documentation **MUST** be included with your Zoning Permit Application:

- Zoning Permit Application – ***ORIGINAL WET (INK) SIGNATURES REQUIRED***
- Application Fee, Check made payable to "Township of Washington"
- All Charitable Bin applications shall comply with **Chapter 47 – Ordinance 0019-2025**
- Written consent from property owner on property owners letter head or copy of lease agreement
- Proof of Non Profit Status as per 47-2(B)(1)

Review of Application
Upon receipt of a complete Zoning Permit Application, the Zoning Officer shall have ten (10) business days to review and act upon said application. A Zoning Permit will be issued to the applicant **via email** upon completion of review. (Please check spam folder if not received)

A. Clothing Bin(s):

Owner and Contact Person (if different): _____

Mailing Address: _____

Telephone Number: _____ Email Address: _____

Number of bins proposed (**Max 3**): _____ x $25.00 each = $_____ ***Needs to be renewed on annual basis***

Application must include a copy of the site plan, plot plan or survey of the site must be provided. Indicate as precisely as possible the location of the proposed bin(s). This may be hand drawn on a true copy of the site plan, plot plan or survey.

B. Describe the manner in which any clothing or other donations collected in the bin will be used, sold or dispersed and the method by which the proceeds of the collected donations will be allocated or spent.

_____

_____

_____

_____

C. Property Location of Proposed Bin(s):

Street Address: _____

Property Owner: _____

Mailing Address: _____

***Written consent from the property owner to place the bin(s) on his or her property must be provided**

D. Any person or entity that may share or profit from any clothing or other donations collected:

Name of Recipient: _____

Mailing Address: _____

Telephone Number: _____ Email Address: _____

Name of Recipient: _____

Mailing Address**:** _____

Telephone Number: _____ Email Address: _____

For the purposes of this subsection, an answering machine or service unrelated to the person does not constitute a bona fide office.

The permit will **EXPIRE DECEMBER 31ST OF EACH YEAR** and must be renewed before expiration of original permit.

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Please Print: Applicant's Name: _____

Applicant's Signature: _____