



### Application Information

Donation/Recycling Drop-Off Boxes are subject to the issuance of a Temporary Use Permit (TUP). Approval of the TUP for Donation/Recycling Drop-Off Boxes is limited to a maximum of twelve (12) months. Upon submittal of a complete application, Staff will review the proposed temporary use for conformance with Peoria codes and policies. The applicant will be contacted by the Planning Division with the City's decision regarding the proposed use.

-Official Use-

Case: \_\_\_\_\_

Fees: \_\_\_\_\_

Date: \_\_\_\_\_

Staff: \_\_\_\_\_

### Application Type

- New Application       Renewal

### Property Information

Premise / Commercial Center Name \_\_\_\_\_

Address \_\_\_\_\_

Parcel Numbers \_\_\_\_\_

Zoning District \_\_\_\_\_ Net Acreage \_\_\_\_\_

### Application Information

Company (and DBA) \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Peoria Business License # \_\_\_\_\_

Is this a Non-Profit Organization?     No     Yes    Tax Exempt ID No# \_\_\_\_\_

### Local Contact Information

Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Driver's License # \_\_\_\_\_

### Person Responsible for On-site Operations

Company \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Applicant's Initials \_\_\_\_\_



### Applicant Certification

Please initial by each statement to acknowledge that you have read and understand each of the requirements.

\_\_\_\_\_ I hereby certify that the information provided relating to this application is true, correct and complete to the best of my knowledge, and that I am authorized to execute this application.

\_\_\_\_\_ I hereby agree to comply with all applicable codes of the City of Peoria and the State of Arizona and with any conditions attached hereto.

\_\_\_\_\_ On behalf of myself and anyone who is related to or associated with the Donation/Recycling Drop-Off Box (each, a "Responsible Party"), I hereby release and hold harmless the City of Peoria for, from and against any and all claims arising out of the Temporary Use Permit.

\_\_\_\_\_ To the fullest extent permitted by law, the Responsible parties shall defend, indemnify, and hold harmless the City of Peoria, its agents, officials, and employees, for, from and against all claims, damages, losses, liabilities, costs and expenses (including, reasonable attorneys' fees, and costs) to which any such Indemnified Party may become subject, under any theory of liability whatsoever ("Claims"), insofar as such Claims (or actions in respect thereof) relate to this permit.

\_\_\_\_\_ I hereby acknowledge that all transactions in the course of the event are subject to any applicable City, county and/or state sales tax and assure that all event participants shall be notified regarding sales tax regulations.

\_\_\_\_\_ I agree to restore the property described in the TUP to its previous condition within 72 hours of cessation of the temporary use or expiration of the permit, whichever occurs first.

\_\_\_\_\_ I agree to notify the Code Compliance Division (623-773-7162) when the property has been restored so that an inspection may be conducted.

\_\_\_\_\_ I understand that failure to comply with the conditions of this permit may be considered as a critical element of the review of any subsequent applications. Gross failure may disqualify the company from being issued a Temporary Use Permit in the future.

\_\_\_\_\_ I understand that any false or inaccurate information on this application may result in revocation of the permit.

\_\_\_\_\_ I understand the owner or authorized agent may rescind his/her authorization for the donation/drop-off box at any time and the permit shall be revoked.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Warning: Providing any false information in this application, which you know to be false, may result in a violation of criminal statute A.R.S. 13-2704 "unsworn falsification" a violation of this statute is a Class 2 Misdemeanor.*



### Property Information

Premise / Commercial Center Name \_\_\_\_\_

Property Address \_\_\_\_\_  
\_\_\_\_\_

### Property Owner Information

Name \_\_\_\_\_

DBA \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Owner's Agent Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Authorization to Operate Donation/Drop-Off Bin

I hereby grant (list applicant company /contact name) \_\_\_\_\_ to operate a donation/drop-off box on the property specified above.

### Statement of Authority and Certification

1. I hereby certify that I am the owner of the property or I am the duly and lawfully appointed agent of the property and have the authority from the owner to sign this request on the owner's behalf.
2. I hereby certify that I have the authority from the owner(s) to act for the owner before the City of Peoria regarding any and all regulatory or related matters involving all property identified in the Donation/Recycling Drop-Off Box application.
3. I hereby authorize City of Peoria's staff to conduct site visits and/or inspections of the property and related properties identified in the Donation/Recycling Drop-Off Box application.



Statement of Authority and Certification *(continued)*

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4. As the owner or authorized agent, I understand that I may rescind my authorization for the specified donation/drop-off box to be located and operating on my property at any time.
5. I understand that it is my responsibility to contact the Planning and Community Development Department in writing should I wish to revoke my authorization.

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Signature of Owner or Owner's Agent

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Date



### Submittal Checklist

Please be advised that a Donation/Recycling Drop-Off Boxes Application that is received by the City does not constitute that the application meets the minimum submittal requirements to be reviewed. Once an application is determined to be complete, it will be routed for review and comment by various City staff. Should you have questions regarding this information or the items indicated on the checklist, please contact the City of Peoria Planning and Community Development, Planning Division at 602-773-7200.

#### Application Checklist

- ✓ Completed Application Form (Page 1 and 2 of this packet)
- ✓ Property Owner Authorization (Page 3 and 4 of this packet)
- ✓ Aerial image with proposed location of donation/recycling drop-off box shown
- ✓ Photograph or detail of proposed box
- ✓ Application Fee: \$100.00

#### Specifications

Donation/Recycling Drop-Off Boxes must adhere to the following requirements:

- ✓ Shall have a firmly closing lid.
- ✓ Clearly marked to identify specific items and materials requested for donation
- ✓ Box must be painted or otherwise un-rusted, un-dented and in good repair.
- ✓ Name and local phone number of entity responsible for the bin clearly displayed (12" x 12").
- ✓ Box must be on a paved surface.
- ✓ Cannot be located within the front or corner side setbacks, landscape areas or required parking spaces
- ✓ Cannot obstruct pedestrian or vehicular circulation.
- ✓ Cannot be located within right-of-way, drive aisles, fire lanes, loading zones, or another location that may cause hazardous conditions, or constitute a threat to public health, safety and welfare.
- ✓ Maximum capacity of a donation/drop-off box shall be no greater than six (6) cubic yards.
- ✓ For complex/centers more than one (1) acre in size: A 12 cubic yard container may be substituted in lieu of two (2) six cubic yard containers.

#### For Department Use Only

Received By:

Date:

Assigned Case No: