

1. PROJECT INFORMATION:

DATE OF SUBMITTAL: _____

PROJECT ADDRESS (If existing): _____

HCAD PARCEL NO(s) 13-digit Tax ID(s): _____

PROPERTY LEGAL DESCRIPTION: _____

PERMIT FEE \$150.00

2. PROPERTY OWNER CONTACT INFORMATION:

OWNER'S NAME: _____ PHONE : _____

MAILING ADDRESS: _____

E-MAIL: _____

3. CHARITABLE ORGANIZATION:

STATE REGISTERED AS501 #

NAME OF ORGANIZATION: _____

PHONE 1: _____ PHONE 2: _____

E-MAIL: _____ FAX #: _____

MAILING ADDRESS: _____

CONTACT PERSON'S NAME: _____ PHONE: _____

4. APPLICATION CHECKLIST & SUPPORTING DOCUMENTATION:

- COMPLETE ITEMS 1 THRU 4 OF PERMIT APPLICATION.
- SUBMIT DRAWING SHOWING LOCATION OF BIN.
- SUBMIT NOTARIZED AFFIDAVIT- PROPERTY OWNER CONSENT
- FURNISH COPY OF 501 C3 APPROVAL FROM IRS

NOTES TO APPLICANT:

1. CHARITABLE ORGANIZATION MUST BE REGISTERED WITH STATE OF TEXAS (501 C3)
2. AN APPLICANT IS LIMITED TO A MAXIMUM OF (2) DONATION BINS PERMITS PER PROPERTY WITHIN LA PORTE CITY LIMITS.
3. APPLICANT MUST PROVIDE \$1,000,000.00 GENERAL LIABILITY INSURANCE FOR EACH DONATION BIN/CONTAINER.
4. SEPERATE PERMIT AND APPLICATION IS REQUIRED FOR EACH CONTAINER REGARDLESS OF OWNERSHIP.
5. **NOT A VALID PERMIT UNTIL OWNER IS NOTIFIED OF APPROVAL AND ALL APPLICABLE FEES ARE PAID IN FULL**

APPLICANT PRINTED NAME: _____ **APPLICANT SIGNATURE:** _____

(FOR STAFF USE ONLY):

SPECIAL CONDITIONS:

1. *Permit conditions as per City Ordinance 2017 - 3667*

Approved for Issuance By: _____ Date: _____

Active Code Enforcement Case _____

PERMIT NO.: _____