



Planning & Development  
100 S. Hill St.  
Griffin, GA 30223  
(770) 233 – 4130

## DONATION BOX PERMIT APPLICATION CHECKLIST

- Completed Donation Box Permit Application
- Application Fee - \$100.00
- Detailed color graphic/ picture of donation box:
  - Show box color
  - Indicate all measurement of donation box
    - Height (grade to highest point)
    - Width
    - Depth
  - Indicate all signage to be displayed
    - Include sign graphic(s) with measurements
    - Show location of sign(s) on donation box
- Site plan of parcel (to scale):
  - Note scale of site plan.
  - Include parcel address, size/ acreage, and zoning district.
  - Indicate required zoning setbacks and established buffers.
  - Show all public streets adjacent to property with name and Right of Way included.
  - Show all parking spaces, drive isles and loading area(s).
    - Indicate traffic circulation (one way/ two way arrows)
  - Indicate landscape and planter areas.
  - Show building footprint of permanent structure(s) on parcel.
  - Label the proposed location of box to be installed and all existing donation boxes on parcel.
  - Label type of impervious surface for box location.



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## DONATION BOX PERMIT APPLICATION

Date Submitted: \_\_\_\_\_ Receipt #: \_\_\_\_\_  
 Decal #: \_\_\_\_\_ Approved: \_\_\_\_\_

|                 |  |  |  |  |  |       |  |  |
|-----------------|--|--|--|--|--|-------|--|--|
| <b>LOCATION</b> | Address of Donation Box:   |  |  |  | Tax Map/ Parcel Number:  |       |  |  |
|                 | Shopping Center:   |  |  |  |  |       |  |  |
|                 | <b>Zoning District:</b>  |  | <b>Principal Use:</b>  | <b>Parcel Size:</b>  | <b>Size of Donation Box:</b>   |       |  |  |
|                 | <input type="checkbox"/> CBD<br><input type="checkbox"/> NBD<br><input type="checkbox"/> PCD<br><input type="checkbox"/> PID |  | <input type="checkbox"/> HDR – A<br><input type="checkbox"/> HDR – B<br><input type="checkbox"/> LDR – A<br><input type="checkbox"/> LDR – B | <input type="checkbox"/> LDR – C<br><input type="checkbox"/> MDR<br><input type="checkbox"/> PRD | <input type="checkbox"/> Charity<br><input type="checkbox"/> Church<br><input type="checkbox"/> School<br><input type="checkbox"/> _____ | Acres | _____ x _____ x _____<br>Width          Depth          Height<br>Total cubic ft: _____ |  |
|                 |  |  |  | # Existing Boxes:  |  |       |  |  |

|                     |               |  |                                    |        |      |  |
|---------------------|---------------|--|------------------------------------|--------|------|--|
| <b>DONATION BOX</b> | Organization: |  | Applicant:                         |        |      |  |
|                     | Address:      |  | City:                              | State: | Zip: |  |
|                     | Phone:        |  |                                    |        |      |  |
|                     | Email:        |  | Signature of Applicant             |        |      |  |
|                     | Website:      |  | Print Name/ Title _____ Date _____ |        |      |  |

|                       |                             |  |                                    |        |      |  |
|-----------------------|-----------------------------|--|------------------------------------|--------|------|--|
| <b>PROPERTY OWNER</b> | Property Owner/ Management: |  | Contact:                           |        |      |  |
|                       | Address:                    |  | City:                              | State: | Zip: |  |
|                       | Phone:                      |  |                                    |        |      |  |
|                       | Email:                      |  | Signature of Property Owner        |        |      |  |
|                       | 2 <sup>nd</sup> Contact:    |  | Print Name/ Title _____ Date _____ |        |      |  |

|                       |   |  |                                    |  |  |  |
|-----------------------|---|--|------------------------------------|--|--|--|
| <b>BUSINESS OWNER</b> | Business Name:                            |  | Contact:                           |  |  |  |
|                       | Occ. Tax # (Business License)/ Exp. Date: |  |                                    |  |  |  |
|                       | Phone:                                    |  | Signature of Business Owner        |  |  |  |
|                       | Email:                                    |  | Print Name/ Title _____ Date _____ |  |  |  |

### TERMS OF AGREEMENT

Signature on this application by the Donation Box Owner, Property Owner/ Management, and Business Owner verifies that he/ she agrees to conform with and abide by the rules, regulations and provisions of the City of Griffin Unified Development Code, Article 5 Section 503 I, pertaining to the installation and maintenance of collection bins now or hereafter in force.