



MONTGOMERY TOWNSHIP
DEPARTMENT OF PLANNING AND ZONING
 1001 STUMP ROAD, MONTGOMERYVILLE, PA 18936-9605
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MONTGOMERY TOWNSHIP
 APPLICATION FOR PLACEMENT OF COLLECTION BINS

GENERAL INFORMATION

NAME OF APPLICANT: _____
 LOCAL ADDRESS: _____
 LOCAL PHONE NUMBER: _____
 PERMANENT ADDRESS: _____
 PERMANENT PHONE NUMBER: _____
 ORGANIZATION FOR WHICH COLLECTIONS ARE MADE: _____
 PURPOSE OF DONATIONS: _____
 METHOD OF DISTRIBUTION: _____
 DATE OF PLACEMENT: _____ DATE OF REMOVAL OF BINS: _____
 METHOD OF COLLECTION & EMPTYING OF BINS: _____

 NAME OF PERSON RESPONSIBLE FOR COLLECTIONS: _____
 ADDRESS: _____
 PHONE NUMBER: _____

LOCATION OF BINS
 (The placement of collection bins shall be limited to C,S, LI and RS Zoning Districts only).

LOCATION OF BINS: _____
 BLOCK: _____ UNIT: _____
 PROPERTY OWNER: _____
 ADDRESS: _____ PHONE NUMBER: _____
 SETBACKS: FRONT YARD: _____ REAR YARD: _____ SIDE YARD 1: _____ SIDE YARD 2: _____

A signed statement by the property owner granting permission for the placement of the collection bins, spacing the number of bins permitted and indicating by way of sketch the permitted location must be attached to this application. Sketch must include location of all parking spaces as well as setback information.

APPROVED _____ DENIED _____
 ZONING OFFICER: _____ DATE: _____

FEE: _____