

Borough of Fanwood Zoning Office 75 North Martine Avenue, Fanwood, New Jersey 07023 OFFICE 908.322.5244 Ext 132 FAX 908.322.7178

APPLICATION – CLO	OTHING DONATION	N BINS – ARTICLE No.	
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BLOCK:	LOT:	ZONE:		
OWNERS NAME:				
STREET ADDRESS:		, Fanwood, New Jersey 07023		
APPLICANTS NAME:				
MAILING ADDRESS:				
PHONE:	EM	AIL:		
<b>REQUI</b> TOTAL CONTAINER SIZ		<b>THING DONATION BINS</b> et)		
LOCATION OF CONTAIN	NER:	FEET FROM PROPERTY LINE:		
DELIVERY DATE:		COMPANY:		
REASON FOR CONTAIN	ER:			
	BOROUGH N	OTES:		
Reference Article: 12-15-R Subject to all Licensing and Permitting				
• Limits are 12 months with an opportunity for annual renewal.				
• Bins are not permitt flammable liquids of		ny place which stores large amounts of		
• A current proper	ty survey in the prese	ent owners name is required		
APPLICANTS SIGNATURE:		DATE:		
ZONING OFFICIAL SIGNATURE:		DATE:		
	For Office U	se Only:		
Fee: \$25.00 (12 months)		newable 30 days prior to expiration Licensing and Permitting requirements		

Payment Type: Cash Check Check Number:_____