



CITY OF FRAMINGHAM
Inspectional Services Division
Department of Building Inspection

Memorial Building, Room 203
150 Concord Street
Framingham, Massachusetts 01702-8368

Fred Bray
Director of Inspectional Services/Building Commissioner

Telephone: 508-532-5500
Fax: 508-532-5766
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DONATION COLLECTION BIN APPLICATION
FEE: \$150 (LIMIT ONE PER PROPERTY)

To the Building Commissioner:

Date: _____

The undersigned hereby applies for a permit to place/install a donation bin according to the following information and plans filed herewith:

LOCATION: _____ ZONING DISTRICT: _____

OWNER'S NAME: _____ ADDRESS: _____

TENANT'S NAME: _____ ADDRESS: _____

BIN CO. NAME: _____ ADDRESS: _____

OWNER'S PHONE: _____ BIN CO. PHONE: _____ TENANT'S PHONE: _____

PLACEMENT OF BIN _____ **ATTACHED SITE PLAN**
(I.E RIGHT SIDE OF PARKING LOT, LEFT FRONT OF BUILDING – BE SPECIFIC)

SCHEDULE FOR EMPTYING BIN: _____

CHARITY/ORGANIZATION TO BENEFIT FROM BIN: _____

DESCRIPTION OF BIN: HEIGHT: _____ WIDTH: _____ COLOR: _____
(BIN SHALL NOT COVER A GROUND SURFACE AREA IN EXCESS OF FIVE FEET BY FIVE FEET , NOR BE MORE THAN SIX FEET IN HEIGHT)

I hereby certify that I am the owner of record of the property listed above or that I have been duly authorized by said owner to make this application as the owner's agent and that all the information above, and plans and specifications submitted are correct and that all work pursuant thereto shall comply with all applicable provisions of the Commonwealth of Massachusetts Statutes, Building Code, and Town of Framingham Donation Bin By-Laws. The following is subscribed to and executed by me under the Pains and Penalties of Perjury.

OWNER'S SIGNATURE: _____ DATE: _____

BIN INSTALLER'S SIGNATURE: _____ DATE: _____

.....
OFFICE USE ONLY

FEE: _____

CERTIFIED BUILDING OFFICIAL _____ DATE _____

REASON FOR DENIAL; FRAMINGHAM DONATION BIN BY-LAW SECTION _____