

**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 BIN PERMITS 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.:** \_\_\_\_\_