

Telephone: 508-764-5412  
Fax: 508-764-5407



Inspection Services  
41 Elm Street

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## TOWN OF SOUTHBRIDGE

SOUTHBRIDGE, MASSACHUSETTS 01550-2638

### PERMIT APPLICATION FOR PLACEMENT OF DONATION BOX

**FEE \$100.00**

Please print or type

PROPOSED LOCATION OF DONATION BOX: \_\_\_\_\_

CONTROLLER OF THE DONATION (Owner of the Donation Box)

NAME OF CONTROLLER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL: \_\_\_\_\_

PROPERTY OWNER

NAME OF OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL: \_\_\_\_\_

REQUIRED ATTACHMENTS:

- An agreement between the Controller and the property owner acknowledging agreement to place the box on the property
- A plot plan showing the proposed location of the Donation Box on the property
- A photo or accurate drafting of the box showing all authorized graphics on the box
- An application fee as determined by the Board of Health, periodically reviewed and adjusted by the Board and recorded and maintained in the Town of Southbridge Board of Health Code of Regulations Chapter 10: Fees

Any other information deemed necessary and approved by the Board of Health and requested by the Director of Public Health

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date