

**Planning Division**

903 W. Main Street, Blue Springs, MO | 816-228-0207  
developmentsubmittals@bluespringsgov.com

*Permit required prior to bin installation.*

*\$65 fee to be paid upon inspection of bin after installation.*

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Applicant/Business/Organization Responsible for Operating the Donation Collection Bin (please include d/b/a if applicable)

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Applicant's Address

City

State

ZIP

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Contact Name

Phone Number

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Contact Name

Email Address

## PROPERTY INFORMATION

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Property Owner Name

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Location of Donation Collection Bin (i.e. name of business, church, school, etc.)

Location Zoning

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Street Address

City

State

ZIP

## APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION

- Site plan showing buildings, parking lots, streets and location on the site where the Donation Collection Bin is to be located. The drawing needs to have accurate dimensions. Additional information may be required.
- Signed authorization from property owner

\_\_\_\_\_  
Initial of Applicant/  
Operator of  
Donation  
Collection Bin

A Temporary Use Permit for a Donation Collection Bin is valid for one year from the date of permit issuance and must be renewed annually thereafter. If at anytime throughout the time the permit is valid, the property owner requests that the Donation Collection Bin be removed or if at anytime the City determines that the Donation Collection Bin is being operated or maintained in a manner that is not in compliance with Section 405.070 of the Blue Springs Code of Ordinances, the Donation Collection Bin may be required to be removed. The Approval sticker issued by the City must be displayed on the Donation Collection Bin throughout the valid year. Failure to do so may result in removal of the bin. I agree that I am jointly and severally liable, along with the property owner, for all costs associated with the City's removal, disposal, and storage of the Bin and the items dumped around the Bin should the maintenance requirements specified in Sec. 405.070.B.6 of the Blue Springs Code of Ordinances not be met. I agree to reimburse the City for its costs, within 30 days of said removal, disposal, and storage.

Return all Information and payment to: City of Blue Springs, Planning Division  
903 W Main Street, Blue Springs, MO 64015

By signing below, you certify that the information given in this application is true to the best of your knowledge.

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Signature of Applicant

Printed Name

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Title

Date

# Owner Authorization for Temporary Donation Collection Bins

*Please use a separate authorization form for each parcel/property address*

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I authorize the placement of a Temporary Donation Collection Bin on my property, by

\_\_\_\_\_.

I authorize the removal, storage, and disposal by the City of Blue Springs or its contractors of the Temporary Donation Collection Bin, and the removal and disposal of any items dumped outside the bin if the maintenance requirements specified in Section 405.070.B.6 of the Blue Springs Code of Ordinances are not met.

I understand that should the City remove the Bin and the items dumped outside the bin, the City or its contractors do not guarantee the structural or aesthetic soundness of the areas from which items will be removed and that, even in the exercise of due care, damage or injury to property may result. I acknowledge that the City or its contractors will determine the method to remove the Temporary Donation Collection Bin.

I agree to release, discharge, indemnify, and hold harmless the City, its employees and contractors from all liability claims, demands, actions, causes of action or suits, including defense costs and legal fees of any nature whatsoever, arising from or connected with the Temporary Donation Collection Bin removal.

I agree that I am jointly and severally liable, along with the owner of the Temporary Donation Collection Bin, for all costs associated with the City's removal, disposal, and storage of the Bin and the items dumped around the bin described above. I agree to reimburse the City for its costs, within 30 days of said removal, disposal, and storage.

I have the authority to allow Temporary Donation Collection Bin removal on my property. The representations I have made are true. I understand the terms and have voluntarily signed this form.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Record Owner of Real Property

\_\_\_\_\_  
Address of Property

\_\_\_\_\_  
Business Name, if applicable

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Contact Telephone Number

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