



CITY OF GARDNER

Jennifer A. Susen-Roy
Director of Public Health

Unattended Donation Box Application for Permit

For new or renewal registrations, mail or hand deliver this application to 95 Pleasant St, Room 29, Gardner MA 01440. **FEE: \$35.00, check payable to the City of Gardner.**

1. Number of Unattended Donation Boxes (UDB) applying to place on the property: _____

2. Property Information where UDB ('s) are to stored:

Property Address: _____

Description where the UDB('s) are to be stored on the property:

Dimensions of the UDB('s) to be stored on the property: _____

A sketch of the property showing where the UDB('s) will be stored must be attached with this application. (Failure to submit a property sketch depicting the property and the location of UDB('s) will result in permit denial)

3. Permittee (Property Owner) Information:

Individual or Local Property Mgmt. Company Name: _____

Contact Name: _____ Phone # _____

Address: (PO Box must include a street address) _____

City: _____ State: _____ Zip: _____

24-Hour Contact Phone # _____ Email address: _____

4. Operator Information (UDB Owner):

Individual or Company Name of UDB('s): _____

Contact Name: _____ Phone # _____

Address: (PO Box must include a street address) _____

City: _____ State: _____ Zip: _____

24-Hour Contact Phone # _____ Email address: _____

In accordance with the City of Gardner Board of Health "Unattended Donation Box Regulation", by signing the second page of this document and initialing each statement you certify that the information provided is accurate, and agree to notify the Health Department of any updates within 24 hours of change of information.

_____ (Please initial this box and each section of the next page)

_____ I agree to pay a nonrefundable processing fee of \$35.00 for each UDB at the time of registration/renewal, and understand that this application is for the period of January through December 31 each year.

_____ I understand that no person or operator to whom a permit had been issued shall transfer, adding or convey such permit to another Permittee or Operator.

_____ I understand UDB('s) cannot be moved or placed on any public property building including sidewalks, streets or open spaces.

_____ I understand and have read the Unattended Donation Box Regulation as adopted by the BOH.

_____ I understand that once this application is submitted and/or permit is issued that the property may be periodically inspected by the City's Building Department, Health Department, Fire Department and Department of Public Works.

_____ I agree that adherence to this regulation does not relieve the owner of any applicable obligations set forth in the City Ordinances or Regulations, Covenant Conditions and Restrictions, and/or Home Owner's Association rules and regulations.

Permittee Signature

Permittee Printed Name

Date: _____

The Director of Public Health or designee shall have the right to revoke any permit and he or she may refuse to issue an initial permit. In addition, the failure of the Operator or Permittee to comply with the provisions of this regulation or other law shall also constitute grounds for a revocation of the permit. The Director or designee shall provide written notification to the Permittee and Operator stating the specific grounds for revocation. Upon revocation, the Unattended Donation Box shall be removed from the Permittee's property within thirty calendar days. If not removed within this time period, the City of Gardner may move, store, and dispose of the attended donation box at the Permittee's sole cost and expense. Upon revocation, a Permittee shall be prohibited from applying for a permit for a period of one year. Any violation of the provisions of this regulation is considered a public nuisance according to M.G.L Chapter 111, Section 122 and subject to abatement permitted by law. Any person aggrieved by the decision rendered by the Director in granting or denying an application for a permit under this Chapter, or in revoking or refusing to renew a permit issued hereunder may appeal the decision to the Board of Health. The appeal shall be made by filing a written notice requesting a hearing thereof not later than ten calendar days after receiving notice of the decision of the Board of Health. The Board of Health shall hold a hearing on the appeal within 30 calendar days and notwithstanding other provisions, the decision of the Board of Health shall be final.

For office use only:

Date received _____ Reviewed by: _____

Payment Amount Rec'd: _____ Permit Number: _____

PERMIT EXPIRES: DECEMBER 31, 2019