

MACOMB TOWNSHIP

54111 Broughton Road • Macomb, MI 48042
586-992-0710 Ext. 7103 • PlanDropBox@macomb-mi.gov

www.macomb-mi.gov



APPLICATION PACKET FOR:

COLLECTION CONTAINER REGISTRATION

APPLICANTS TAKE NOTE OF THE FOLLOWING:

All applications must contain each page from this application packet, including the checklist and any unused pages. If your application does not include all the items, it will not be processed by the Planning Department.

Please use only the forms provided with this application.
No other forms, however similar, will be accepted.

If you would like to meet with staff before submitting any application, please call or email us to schedule a meeting. We can be reached at 586-992-0710 Ext. 7103 or PlanDropBox@macomb-mi.gov.

COLLECTION CONTAINER REGISTRATION APPLICATION

CHECKLIST OF REQUIRED DOCUMENTS

This application must be accompanied by all items listed in the checklist below. This application shall be completed and submitted electronically via email to PlanDropBox@macomb-mi.gov and shall include a PDF of the application, a copy of the check, and any/all plans and supplemental information. The check shall be hand delivered to the Planning Department within Town Hall during posted business hours or mailed to Macomb Township Town Hall at 54111 Broughton Road, Macomb Township, MI 48042 in an envelope stating "Attention: Planning Department," (if mailed, the application shall be included in the envelope with the check).

Once the complete package is received and we have verified confirmation of payment, the submittal will be reviewed. If additional information is required, Planning Department staff will contact you via email or phone with additional instructions.

Please initial below to indicate that each required item is being submitted. Failure to initial that all items have been provided will result in an immediate rejection of the application.

_____ Initial **Completed Application.** This includes an **Affidavit of Ownership**. Incomplete applications or missing pages will not be accepted.

_____ Initial **Payment.** Please make your (non-refundable) application check for \$250 for initial site location, \$50 for annual renewal, payable to "**Macomb Township**". Please note, all application fees include an initial review and up to two additional review cycles. Payment must be dropped off at the Planning Department, or mailed with tracking, addressed to the Planning Department.

_____ Initial **Operator Registration.** Verification of operator registration with the State of Michigan as required by the Charitable Organizations and Solicitations Act.

_____ Initial **Property Owner Permission.** Affidavit of acknowledgement from the property owner or local agent giving permission to use the property.

_____ Initial **Purpose.** The applicant has read and acknowledges the requirements of [§14-150](#) of Article IV Collection Containers.

_____ Initial **Location.** The applicant has read and acknowledges the requirements of [§14-152](#) of Article IV Collection Containers, including identification of for-profit or non-profit status.

_____ Initial **Site Plan and Container Specifications.** The application contains a site plan and container specifications meeting the requirements of [§14-153](#).

_____ Initial **Signage.** The applicant has read and acknowledges the requirements of [§14-154](#) of Article IV Collection Containers.

_____ Initial **Maintenance and Hours of Operation.** The applicant has read and acknowledges the requirements of [§14-155](#) of Article IV Collection Containers.

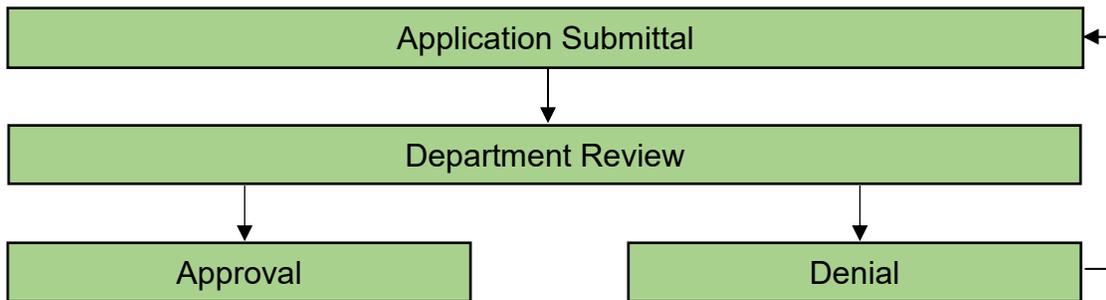
COLLECTION CONTAINER REGISTRATION APPLICATION

OVERVIEW

What is a Collection Container? A Collection Container is an outdoor receptacle made of metal, or steel, designed with a secured opening to accept clothing, shoes or other donated material.

How long does the Collection Container registration approval remain valid? An approved registration expires on December 31st of each year. Failure to apply for a new registration will incur a violations and penalty as specified in [§14-156](#) and [§14-157](#) of Article IV Collection Containers.

What are the procedures for application review? Upon receipt of a complete application, the Planning Department will distribute the application and submittals to internal departments for an approximate ten (10) day review period. Results of the reviews will be communicated to the applicant.



COLLECTION CONTAINER REGISTRATION APPLICATION

APPLICATION

**MACOMB TOWNSHIP PLANNING DEPARTMENT
54111 BROUGHTON ROAD
MACOMB, MICHIGAN 48042
(586) 992-0710 EXT. 7103**

Permanent Parcel Number 08 - _____ - _____ - _____.

Project Name _____

Applicant Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Applicant Signature _____

Representative Name _____ Phone _____
(if different from applicant)

Address _____

City _____ State _____ Zip Code _____

Email _____

Representative Signature _____

Location of Property _____
(for example: the north side of 23 Mile Road and ¼ mile east of Romeo Plank Road)

Current Zoning Classification _____

Property Area in Acres _____

Legal Owner of Property _____ Phone _____
(Print Owner's Name)

Address _____ Email _____

City _____ State _____ Zip Code _____

Legal Owner Signature _____

COLLECTION CONTAINER REGISTRATION APPLICATION

VERIFICATION OF RECORDED LEGAL PROPERTY

Permanent Parcel No. 08 - _____ - _____ - _____.

Project Name _____

Address of Parcel (if available) _____

Owner Name _____

Address of Owner _____

**LEGAL DESCRIPTION
(INSERT HERE)**

COLLECTION CONTAINER REGISTRATION APPLICATION

AFFIDAVIT OF OWNERSHIP

PLEASE TAKE NOTICE that an Affidavit of Ownership must be filed with all development and variance applications in Macomb Township. **Proof of ownership or interest in the property must be attached; (i.e. affidavit, deed, land contract, option agreement, lease, etc.)** This requirement must be fulfilled to promptly process your application.

(I), (We) _____, the undersigned fee title owner(s) of property
(name)
hereinafter referenced, acknowledge (my) (our) agreement to permit / allow the property described within the attached application for _____ to receive consideration by
(type of application to be filed)
Macomb Township.

(I), (We) further authorize _____, as a(n)
(name of applicant)
_____ of the property, to process an Application with the Township of
(applicant's interest in property)
Macomb on (my) (our) behalf.

Please have the property owner(s) sign below:

(Owner Signature)

(Print Name)

THIS FORM RELATES TO PROPERTY WITH THE FOLLOWING PARCEL NUMBER(s):

08 - _____ - _____ - _____.

STATE OF MICHIGAN

ss.

COUNTY OF MACOMB

On this _____ day of _____, 20____, before me personally appeared _____
_____ to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged that _____ executed the same as _____ free act and deed.
(he, she, they) (his, her, their)

Notary Public
_____, Michigan
My Commission Expires: _____
Acting in _____ County, Michigan