



CITY OF FITCHBURG
MASSACHUSETTS
Health Department

Stephen D. Curry
Director of Public Health

Unattended Donation Box Application for Permit

For new or renewed registrations, mail or hand-deliver this application to 166 Boulder Drive, along with a \$35.00 check payable to the City of Fitchburg

1. Number of Unattended Donation Boxes (UDB) applying to place on the property: _____
2. Property Information where UDB ('s) are to be placed on:

Property Address: _____

Description where UDB ('s) are to be stored on the property. Please include the dimensions of UDB ('s) to be stored on 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 No _____

Address (**PO BOX must also include a street address**): _____

City: _____ State: _____ Zip: _____

24-Hour Contact Telephone, Cellular Phone, or Pager No.: _____

Email address: _____ Website address (if applicable): _____

4. Operator Information (UDB owner)

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

Contact Name: _____ Phone No _____

Address (**PO BOX must also include a street address**): _____

City: _____ State: _____ Zip: _____

24-Hour Contact Telephone, Cellular Phone, or Pager No: _____

In accordance with the City of Fitchburg Board of Health's "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 and on next page):

- I agree to pay a nonrefundable processing fee of \$35.00 per each UDB at the time of registration/renewal, and understand that this application is for the period of January through December of each year. _____
- I understand no person or operator to whom a permit has been issued shall transfer, assign, or convey such permit to another Permittee or Operator. _____
- I understand UDB (‘s) cannot be moved to or placed on any public property including sidewalks, streets or open space. _____
- 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 a permit is issued the property may be periodically inspected City’s Building Department, Health Department and Fire Department. _____
- 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 Owners Association rules and regulations. _____

Permittee Signature

Permittee Printed Name and Date

The Director of Public Health or designee shall have the right to revoke or any permit which he or she may refuse to issue an initial permit exists. In addition, the failure of the operator or permittee to comply with the provisions of this regulation or other provisions of this regulation or other law shall also constitute grounds for revocation of the permit. The Director or designee shall provide a 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 real property within thirty calendar days and, if not removed within this time period, the City of Fitchburg may remove, store and dispose of the Unattended 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 Director. The Board of Health shall hold a hearing on the appeal within thirty 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, 2016