



**PLANNING AND CODE ADMINISTRATION**

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**DONATION BOX PERMIT APPLICATION**

*Please obtain a separate permit for each donation box located on the subject property.*

**SUBJECT PROPERTY**

Name of Business \_\_\_\_\_

Street Address \_\_\_\_\_ Zone \_\_\_\_\_

**Dimensions of Donation Box (height x width x length)** \_\_\_\_\_

**APPLICANT**

Primary Contact \_\_\_\_\_

Street Address \_\_\_\_\_ Suite No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Numbers: Work \_\_\_\_\_ Cell \_\_\_\_\_ E-mail Address \_\_\_\_\_

**PROPERTY OWNER**

TYPE OF OWNERSHIP:  Individual  Partnership  Corporation

If Corporation, Registered Agent Contact \_\_\_\_\_

Corporation or Individual(s) Name \_\_\_\_\_ Primary or Emergency Contact \_\_\_\_\_

Street Address \_\_\_\_\_ Suite No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Numbers: Work \_\_\_\_\_ Cell \_\_\_\_\_ E-mail Address \_\_\_\_\_

**PROPERTY MANAGEMENT AGENT**

Primary Contact \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_ Suite No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Numbers: Work \_\_\_\_\_ Cell \_\_\_\_\_ E-mail Address \_\_\_\_\_

**SUBMITTAL REQUIREMENTS**

- Site Plan Showing Location of Donation Box
- Approval Letter from Property Owner/Management Company
- Picture of Donation Box
- Copy of IRS Tax Exempt Status