



CITY OF LARGO

Community Development Department
Planning Division | 727-587-6749 Ext. 7301
askaplanner@largo.com

For Planning Division Use Only
Acceptance Date:
Reviewer:
Parcel ID Number:
Future land Use:
Project Number:

DONATION BIN INFORMATION

Bin Location Address: _____
Business/Organization: _____
City: _____ State: _____ Zip Code: _____
Size: Length: _____ Width: _____ Height: _____

REGISTRANT INFORMATION

Name: _____
Business/Organization: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: Daytime: _____ Evening: _____
Email: _____

PROPERTY OWNER INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: Daytime: _____ Evening: _____
Email: _____

ADDITIONAL INFORMATION

REQUIRED SUBMISSIONS / CHECKLIST

- Letter of authorization from the property owner.
- Site plan depicting location of Donation Bin on property.
- Letter of Intent from Registrant.
- Photos or drawings of proposed Donation Bin including signage.

STANDARDS CONTAINED IN ORD #2016-36 SHALL APPLY

Visit www.largo.com/donationbins for more information.

REGISTRATION CERTIFICATION (REQUIRED):

I hereby certify that I have read this application and that all information contained herein is true and correct to the best of my knowledge, information and belief.

I understand that I will need to register this donation bin annually per City Ordinance #2016-36 to maintain an active registration.

REGISTRANT'S SIGNATURE _____

DATE _____