

UNATTENDED COLLECTION BOX PERMIT

SUBTMITTAL CHECKLIST

ITEMS REQUIRED FOR APPLICATION

This checklist will be used by staff to determine if the application for an unattended collection box (UCB) contains the appropriate requirements to begin the application process. All items listed below must be included. Additional information may be required. If any items are not included, the submittal may not be accepted. This checklist is not intended to be used for determining the completeness of the application for purposes of the Permit Streamlining Act.

Ct.				
Completed Unattended Colletction Box Applica	ation.			
Applicable Filing Fees (\$243, or \$139 for renew	/al)			
Consent of the Property Owner				
Agreement between the Property Owner and t	he Operator (Atta	achment 1)		
Acknowledgement of Responsibility (Attachme	ent 2)			
Affidavit for an Existing UCB (Attachment 3)				
Proof of General Liability (Must include the City	y)			
Proof of a Business License with the City (For b	usinesses not in	an Exempted (Category)	
Vicinity Map for the Proposed UCB and All Exis	sting UCBs	·		
Site Plan and Photographs:	J			
Plans	Letter Size (8.5" x 11")	Tabloid (11" x 17")	Full Size (24" x 36")	Digital (.dwg & pdf)
Location and dimensions of all parcel boundaries		1		1
Location of all buildings		1		1
Proposed UCB location		1		1
Size and dimensions of the UCB		1		1
Distance between the proposed UCB and parcel lines and buildings		1		1
Location and dimension of all existing and				
proposed driveways, garages, carports, parking spaces, maneuvering aisles, pavement, and striping/marking		1		1

Maintenance plan (including graffiti removal, pick-up schedule, and litter and trash removal on and around the UCB) that is sufficient to prevent public nuisance conditions from remaining nearby the UCB; and

THIS PAGE INTENTIONALLY LEFT BLANK



UNATTENDED COLLECTION BOX APPLICATION

APPLICATION

New Permit	Renewal	2 nd UCB for an existing UCB site
_		<u> </u>
ROPERTY INFORMAT	ION	
Property Address:		
WNFR / APPLICANT	INFORMATION (*REQUIRI	:D FIFID)
*Property Owner:	THIORMATION (REQUIRE	11220)
*Address:		
*Phone:	Fax:	
Alternative Phone:		
on a separate sheet, provid	nultiple property owners. If the property owne le a listing of all persons that make-up the trus	t, partnership, corporation or LLC
on a separate sheet, provid UCB Operator (Company): Name of Contact:	le a listing of all persons that make-up the trus	t, partnership, corporation or LLC
on a separate sheet, provid UCB Operator (Company): Name of Contact: *Address:	le a listing of all persons that make-up the trus	t, partnership, corporation or LLC
on a separate sheet, provid UCB Operator (Company): Name of Contact:	le a listing of all persons that make-up the trus	t, partnership, corporation or LLC
on a separate sheet, provide UCB Operator (Company): Name of Contact: *Address: *Phone: *24-hour Contact:	le a listing of all persons that make-up the trus	t, partnership, corporation or LLC
on a separate sheet, provide UCB Operator (Company): Name of Contact: *Address: *Phone: *24-hour Contact: Applicant/Permit Agent: (if different from the UCB	le a listing of all persons that make-up the trus	t, partnership, corporation or LLC
on a separate sheet, provide UCB Operator (Company): Name of Contact: *Address: *Phone: *24-hour Contact: Applicant/Permit Agent: (if different from the UCB Operator)	le a listing of all persons that make-up the trus	t, partnership, corporation or LLC
on a separate sheet, provide UCB Operator (Company): Name of Contact: *Address: *Phone:	Website: *E-mail:	t, partnership, corporation or LLC

Prior to submittal of this application, it is advised that the applicant review the requested proposal with the Planning Division in order to review ordinance requirements and consistency with the General Plan. In completing the application form, please be as accurate and complete as possible.

Date:

APPLICANT CERTIFICATION

Signature:

I hereby certify that the statements furnished in this application and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief. In addition, I understand that the filing of this application grants the City of Temple City permission to reproduce submitted materials, including but not limited to, plans, exhibits, and photographs, for distribution to staff, Commission, and City Council Members, and other Agencies in order to process the application, and to make those materials available to the public on the City of Temple City's web site and cable channel, notwithstanding Health & Safety Code § 19851 or any other provision of law. Nothing in this consent, however, shall entitle any person to make use of the intellectual property in plans, exhibits and photographs for any purpose unrelated to the City's consideration of this application.

Name (<i>print or type</i>):	Phone	H
• •	TY OWNER ne property owner, the owner must consent to the Originals signatures only. Fax copies of owner's signatures only.	
hereby authorize City represent	ubject property, consent to the filing of this app tative(s) to enter upon my property for the purpor reports and/or required environmental review for the sheets if necessary.	se of examining and inspecting the
Signature(s) Note: This application is being	Name(s) (please print or type)	Date uire notarization.
FOR OFFICE USE ONL	.Υ	
Case Number:	Receipt Number:	
Review Date:	Approval Date:	

AGREEMENT OF OWNER AND OPERATOR

UNATTENDED COLLECTION BOX(UCB)

By signing this form, I/we as the property owner/operator of the UCB, do hereby agree to be abide by the regulations of the City of Temple City, including all the processes and requirements described in Section 9-1T-11 of Temple City Zoning Code.

UCB OPERATOR		
Signature:	Date:	
Name (print or type):	Phone	:
This space is being signed under penal	lty of perjury and does not require notarizatio	n.
PROPERTY OWNER		
Signature(s)	Name(s) (please print or type)	Date

This space is being signed under penalty of perjury and does not require notarization.



ACKNOWLEDGEMENT OF RESPONSIBILITY

UNATTENDED COLLECTION BOX(UCB)

Prusuant to Temple City Municipal Code, the followings are the responsibility and liability for a UCB facility:

<u>The peration of UCBs:</u> the operation of UCBs shall comply with the performance standards set forth in the Municipal Code including criteria in the Zoning Code. Material is not allowed to accumulate outside of the UCBs. The UCBs must remain free of graffiti. Public nuisances are prohibited.. UCBs must be maintained in sanitary conditions with up-to-day information of the UCBs for the public to contact.

<u>Violations:</u> Failure to comply with any provisions of Section 9-1T-11 of the Zoning Code would be declared to be prima facie evidence of an existing violation and a declared public nuisance, and may be abated by the Community Development Director in accordance with the provisions of Section 4-2C-2 (Public Nuisances) of the Municipal Code. Any person in violation may be subject to administrative penalties, citations, civil action, or other legal remedies.

<u>Responsibility:</u> The property owner and the UCB operator (operator) have joint and several liability for public nuisance conditions and compliance with the Zoning Code, including fees, administrative citations, civil actions, and/or legal remedies relating to a UCB. The property owner remains liable for any violation of duties imposed by Section 9-1T-11 of the Zoning code even if the property owner has, by agreement, imposed on the operator the duty of complying with the Section 9-1T-11 of the Zoning Code.

By signing this form, I/we as the Property owner/ the operator of the UCB, do acknowlege the above mentioned responsibilities and liabilities:

UCB OPERATOR

Signature:	Date:	
Name (<i>print or type</i>):	Phone:	
This space is being signed unde	er penalty of perjury and does not require notarization	
PROPERTY OWNER		
FROFERIT OWNER		
		<u> </u>
Signature(s)	Name(s) (please print or type)	Date

This space is being signed under penalty of perjury and does not require notarization.

9701 LAS TUNAS DRIVE, TEMPLE CITY, CA 91780 T: 626.285.2171 F: 626.285.8192



I, the undersigned, do hereby certify that this application is filed for an UBC which existed at the proposed location prior to January 4, 2018, the effective date of Ordinance 17-1026.

I declare under the penalty of perjury that the foregoing is true and correct.

UCB OPERATOR		
Signature:	Date:	
Name (print or type):	Phone:	
This space is being signed under p	enalty of perjury and does not require notarization.	
PROPERTY OWNER		
Signature(s)	Name(s) (please print or type)	Date —

This space is being signed under penalty of perjury and does not require notarization.