



UNATTENDED COLLECTION BOX PERMIT

SUBMITTAL 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.

- Completed Unattended Collection Box Application.
- Applicable Filing Fees (\$243, or \$139 for renewal)
- Consent of the Property Owner
- Agreement between the Property Owner and the Operator (Attachment 1)
- Acknowledgement of Responsibility (Attachment 2)
- Affidavit for an Existing UCB (Attachment 3)
- Proof of General Liability (Must include the City)
- Proof of a Business License with the City (For businesses not in an Exempted Category)
- Vicinity Map for the Proposed UCB and All Existing UCBs
- Site Plan and Photographs:

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/markings		1		1
Photographs of the location and adjacent properties		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

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City of Temple City

UNATTENDED COLLECTION BOX APPLICATION

APPLICATION

PERMIT REQUESTED (PLEASE CHECK ALL APPLICABLE BOXES)

New Permit

Renewal

2nd UCB for an existing UCB site

PROPERTY INFORMATION

Property Address: _____

OWNER / APPLICANT INFORMATION (*REQUIRED FIELD)

*Property Owner: _____

*Address: _____

*Phone: _____ Fax: _____

Alternative Phone: _____ E-mail: _____

Note: Attach additional lists for multiple property owners. If the property owner or applicant is a trust, partnership, corporation or LLC, on a separate sheet, provide a listing of all persons that make-up the trust, partnership, corporation or LLC

UCB Operator (Company): _____

Name of Contact: _____

*Address: _____

*Phone: _____ Website: _____

*24-hour Contact: _____ *E-mail: _____

Applicant/Permit Agent:

(if different from the UCB Operator) _____

Address: _____

Phone: _____ Fax: _____

Cell / Other Phone: _____ E-mail: _____

Note: 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.

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City of Temple City

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 penalty 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.



City of Temple City

ACKNOWLEDGEMENT OF RESPONSIBILITY

UNATTENDED COLLECTION BOX(UCB)

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

The peration of UCBs: 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.

Violations: 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.

Responsibility: 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 (*print or type*): _____ Phone: _____

This space is being signed under penalty 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.



AFFIDAVIT FOR AN EXISTING UCB

UNATTENDED COLLECTION BOX(UCB)

I, the undersigned, do hereby certify that this application is filed for an UCB 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 penalty 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.