



BEVERAGE CONTAINER RECYCLING FACILITY

APPLICANT INFORMATION (PRIMARY CONTACT)

Firm/Company Name: _____

Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Mobile: _____

Email: _____

FACILITY INFORMATION

Property Address: _____

Convenience Zone: _____ Size of Unit (Sq.Ft.): _____

Days of Operation: _____ Hours of Operation: _____

Type of Facility

Indoor Collection Center

Bulk Reverse Vending Machine

Reverse Vending Machine

Mobile Recycling Unit

PROPERTY OWNER INFORMATION

Firm/Company Name: _____

Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Mobile: _____

Email: _____

Property Owner Signature

Date

Applicant Signature

Date

City of Riverside – Beverage Container Recycling Facility

STAFF USE ONLY

Is this site within a convenience zone?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is this site zoned for the proposed use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are the hours of attended operation per code?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the unit comply with size limit per code?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does signage meet code design policies/criteria?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have fees been paid?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Setbacks from Street(s)/Residential Properties

Street Name: _____ Setback: _____

Street Name: _____ Setback: _____

Sign(s) Square Footage: _____

Screening Method from Adjacent Property: _____

Planner's Initials: _____ Submittal Date: _____

Planning Case #: _____ Filing Fee: _____

Comments: _____
