

MENDOCINO SOLID WASTE MANAGEMENT AUTHORITY
101 W. CHURCH ST., SUITE 9
UKIAH, CA 95482

TELEPHONE CONTACT NUMBER: (707) 468-9710

FAX NUMBER: (707) 462-3517

WWW.MENDORECYCLE.ORG

CONSTRUCTION AND DEMOLITION RECYCLING AND REUSE PLAN

FOR INSTRUCTIONS ON COMPLETETING THIS FORM SEE LAST PAGE

If you have difficulty completing this form or have questions, please contact:
Mendocino Solid Waste Management Authority at 707-468-9710

1. Project

Address: _____

2. Anticipated Start Date: _____

3. Estimated Completion Date: _____

4. APN: _____

5. PROPERTY OWNER:

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

6. APPLICANT/AGENT:

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

7. TYPE OF PROJECT (CIRCLE ONE):

New Construction

Addition/Alteration

Demolition

8. Total Building Square Feet: _____

9. Waste Materials to be recycled:	10. How Recycling is to be accomplished (check choices in columns below): A. Hauler recycling bins on site B. Self-haul to transfer station, C. Mixed debris hauled to recycling separation plant, or D. Other (Specify):				11. To be filled out after completion of project-attach disposal and recycling receipts. Specify in cubic yards or tons how much of each material was recycled:
	A	B	C	D (specify)	
Cardboard & Paper					
Asphalt & Concrete					
Scrap Metal					
Brick, Masonry, Tile					
Building materials for reuse (doors, windows, fixtures, etc.)					
Asbestos Non-Friable					
Drywall					
Landscape debris (compostables)					
Glass					
Roofing materials					
Wood					
Other (not fill dirt)					

12. Waste Materials not recycled:	13. Method of disposal: (check choices in columns below): A. Hauler trash bins on site B. Self-haul to transfer station C. Other (Specify):			14. Specify in tons or yards how much debris was not recycled (attach disposal receipts):
	A	B	C (specify):	

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15. PBS PERMIT NUMBER: _____

16. DEPOSIT PER SQUARE FT. _____ RECEIPT #: _____
NON-REFUNDABLE FEE: \$370.00 RECEIPT #: _____

17. INITIAL PLAN OK WITH PERMIT APPLICATION:
SIGNED _____ DATE: _____

18. FINAL PLAN OK SHOWING COMPLIANCE:
SIGNED _____ DATE: _____

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INSTRUCTIONS ON COMPLETING CONSTRUCTION AND DEMOLITION RECYCLING AND REUSE PLAN

- | | |
|--|---|
| 1. Project Address: | The physical address of project. |
| 2. Anticipated Start Date: | Date project is anticipated to start. |
| 3. Estimated Finish Date: | Estimated date project will end. |
| 4. APN: | Assessor Parcel Number of project. |
| 5. Property Owner Information: | Name, address, telephone, etc. of property owner. |
| 6. Applicant/Agent: | Name, address, telephone, etc. of applicant/agent authorized to complete project. |
| 7. Type of Project: | Circle type of project. |
| 8. Total Building Square Feet: | Size of project based on building square feet. |
| 9. Waste Material to be Recycled: | List of materials to be recycled. |
| 10. How Recycling is done: | Place check mark in selected choice next to material (may have more than one choice). |
| 11. Completion of Project Receipts: | On the appropriate line, indicate in cubic yards or tons, how much of that material was recycled. |
| 12. List of Debris not recycled: | Indicate what type of materials were not recycled. |
| 13. Method of Disposal: | Circle what method was used for disposal of non-recycled material. If method not listed, specify on lines listed below. |
| 14. Total Cubic Yards/Tons not Recycled: | Calculate total cubic yards or tons not recycled. |

******ATTACH ALL DISPOSAL RECEIPTS******

DOCUMENTING YOUR DIVERSION: Copies of all dump receipts for trash and recyclable items must be provided. If you are salvaging certain materials for which no receipt is available, provide photos of all such materials so the volume can be estimated.

OFFICE USE ONLY

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|--|---|
| 15. PBS Permit Number : | Permit Number assigned by Planning & Building Services. |
| 16. Deposit per Sq. Foot Receipt Number: | Square Foot x \$0.35-Completed by Office and Building Personnel. Amount of Deposit calculated by Planning and Building Services; Receipt number assigned by Planning and Building Services. |
| 17. Initial Plan OK: | Signed and Dated by Mendocino Solid Waste Management Authority. |
| 18. Final Plan OK: | Signed and Dated by Mendocino Solid Waste Management Authority. |