



PLANNING DEPARTMENT
WASTE MANAGEMENT PLAN
ACKNOWLEDGEMENT

(Date stamp)

PROJECT ADDRESS: _____

APPLICANT INFORMATION:	PROPERTY OWNER INFORMATION:
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____
PHONE _____	PHONE _____
EMAIL _____	EMAIL _____

Value: _____ Size: _____ PROJECT DESCRIPTION: _____

----- WASTE MANAGEMENT REQUIREMENTS – INITIAL EACH LINE-----

_____ I understand that failure to meet the diversion requirements of the Moraga Municipal Code §15.08.090.C.3 shall result in a **fine of up to \$1,000, or 1% of the construction costs, whichever is less.** In addition, a delay of final approval may occur, which may result in an expired or cancelled permit.

_____ I understand that if I use sub-contractors with this project, I am responsible for ensuring that they meet the requirements of this Ordinance.

_____ I understand that if I use a hauler to transport the debris, the hauler must be certified and approved by CCCSWA and they must use a receiving facility certified and approved by CCCSWA.

_____ I understand that if I self-haul, the debris must be taken to a certified and approved by CCCSWA facility.

_____ I understand that if the facility receipt states any origin other than Moraga, it will not comply with the Municipal Code and the Final Waste Management Report may not be approved.

_____ At the completion of this project, all original weight tags or other equivalent documentation from salvage, recycling and waste facilities will be provided to the Town of Moraga. I understand that the final inspection will not be scheduled until all receipts and documentation are submitted to and approved by the Town of Moraga.

The undersigned hereby agrees to comply with the Waste Management Program as submitted and is the Owner or Contractor or authorized agent to sign for this project.

Applicant Signature _____ Date _____

Receipts Rcvd: _____ **Hold Released:** _____ **Staff Signature:** _____