



Town Of Moraga

PLANNING DEPARTMENT
 329 Rheem Boulevard, Suite 2
 MORAGA, CA 94556
 Phone: (925) 888-7050 Fax: (925) 376-5203
 Website: www.moraga.ca.us
 Email: planning@moraga.ca.us

(Date Stamp)

Building Permit #:

Construction and Demolition Debris Recycling Waste Management Plan Application

PROJECT LOCATION: _____ PARCEL NO. _____

PROPERTY OWNER: _____ PHONE NO. _____

PROPERTY OWNER'S ADDRESS: _____

APPLICANT: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S PHONE NO. _____ APPLICANT'S FAX NO. _____

PROJECT TYPE (check all that apply):

- New or replacement construction
 New or replacement concrete or asphalt
 Reroof
 Interior Remodel
 Landscaping
 Demolition
 Swimming Pool

PLANNING DEPARTMENT APPLICATION NO. (if applicable): _____

TOTAL PROJECT COST: \$ _____ Total square footage of project: _____

AMOUNT OF PERFORMANCE SECURITY REQUIRED: \$ _____
 (per table below)

PROJECT TOTAL COSTS	% OF TOTAL COST	DEPOSIT \$
\$10,000 - \$500,000	2.00	200 - 10,000
\$500,001 - \$1,000,000	1.75	8,750 - 17,500
\$1,000,001 - \$2,000,000	1.50	15,000 - 30,000
\$2,000,001 - \$5,000,000	1.25	25,000 - 62,500
More than \$5,000,000	1.00	50,000 and higher

On the Waste and Summary Assessment Form:

1. Please identify each type and quantity of construction and demolition debris material that will be generated for disposal and recycling.
2. Please list recyclers to be used for the project.
3. Please give a brief description on how the recycling will be accomplished (i.e. reuse doors, etc.)
4. Please sign and date form and acknowledgement of responsibility.
5. Once project is complete fill out last column and bring the form along with recycling receipts to the Town of Moraga, Planning Department for processing.

The table below lists debris materials that are routinely generated at construction or demolition jobsites. Please identify the materials that you estimate will be recycled, salvaged, or land filled from your project site and the handling procedure, hauler and/or destination of each material type.

WASTE ASSESSMENT AND SUMMARY FORM					
Materials	<i>Identify Materials and Quantity</i>			<i>Disposition of Material and Quantities</i>	<i>Schedule of turning in receipts</i>
	Recycled	Salvaged	Land filled		
Asphalt					
Brick					
Building Materials <i>(i.e. doors, windows, fixtures, cabinets)</i>					
Cardboard					
Concrete					
Dirt/Clean Fill					
Drywall					
Carpet Padding/Foam					
Glass <i>(plate, windows)</i>					
Masonry					
Metals <i>(i.e. steel, brass, aluminum, copper)</i>					
Rock / Stone					
Roofing Material					
Tile					
Vegetative Debris					
Wood / Lumber					
Other <i>(mixed C&D, etc.)</i>					

Sign and date attesting that the above information is true and correct to the best of your knowledge, that you acknowledge that part or all of your performance security may be forfeited to the Town for failure to meet the 50 percent diversion requirement, and that you are responsible for the action of your contractors or other agents with regard to the diversion requirement.

APPLICANT SIGNATURE: _____ PRINT NAME: _____

FOR STAFF USE ONLY

Waste Management Schedule

Date Submitted: _____

Approved: _____ Denied: _____

If denied, next steps:

Receipt number for the non-refundable \$100.00 processing fee: # _____

Staff Initials _____

Schedule of submitting Recycling Receipts

FOUNDATION INSPECTION:

Required: _____ Not required: _____

Receipts accepted:

By: _____ Date: _____

FRAMING INSPECTION:

Required: _____ Not required: _____

Receipts accepted:

By: _____ Date: _____

FINAL INSPECTION:

Required: _____ Not required: _____

Receipts accepted:

By: _____ Date: _____

Performance Security Deposit Received

Amount: \$
(see table on page 1 for amount required)

Type:

Cash Cert of Deposit

Check (check # _____)

Other
(explain _____)

Receipt # _____

Name and address on receipt:

Staff initials _____

Deposit Action:

Refund approved: Yes _____ No _____

If yes, send paperwork to Finance. Refund will be issued to name and address on initial deposit.

If no, reason: _____

Staff initials _____