

City of Irwindale Department of Public Works
 5050 N Irwindale Avenue, Irwindale, CA 91706

CONSTRUCTION AND DEMOLITION DEBRIS RECYCLING AND REUSE PROGRAM

FORM 1 – WASTE DIVERSION PLAN (WDP)

Complete this C&D Waste Diversion Plan and submit to:

City of Irwindale Public Works,
 16102 Arrow Highway
 Irwindale, CA 91706
 Office Hours: 8 a.m. – 6 p.m. Monday through Thursday

Date: _____

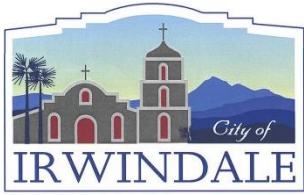
The Irwindale Municipal Code, Chapter 8.20, requires projects to recycle 65 percent of the debris generated and submittal of this Waste Diversion Plan documenting how that will be achieved. The Waste Diversion Plan must be approved before any permits are issued. For additional information **call (626) 430-2205**.

PROJECT INFORMATION	Street Address: _____ City, Zip: _____ Assessor's Parcel #: _____ Plan Check #: _____ Project Start Date: _____ Project End Date: _____
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PROJECT DESCRIPTION	Circle all that apply: Construction, Demolition, Tenant Improvement, Grading _____ _____ _____
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PROJECT SCOPE	Complete pages 1, 2, 3, and the appropriate Attachments. Check the boxes: <input type="checkbox"/> Commercial – complete Attachment C <input type="checkbox"/> Grading – complete Attachment G <input type="checkbox"/> Residential – complete Attachment R Submit the required pages to Public Work via email, or in person at the public counter.
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<u>FOR PUBLIC WORKS USE ONLY</u>	
WDP ID: _____ 65% <input type="checkbox"/> Yes <input type="checkbox"/> No Lower %: _____	<div style="border: 1px solid black; padding: 5px;">Date Received</div>
Reason for Lower Percentage: _____	
Project Exempt? <input type="checkbox"/> Yes. Reason: _____	
WDP Approved: <input type="checkbox"/> Yes Date: _____	
Approved By: _____	
Sign _____ Print _____	(626) 430-_____



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SIGNATURE PAGE

APPLICANT INFORMATION	Name: _____ Company: _____
	Mailing Address: _____
	City, Zip: _____
	Phone: _____ Fax: _____
	Email: _____
	Relation to Project: Owner Authorized Contractor Project Manager

OWNER INFORMATION	Name: _____ Company: _____
	Mailing Address: _____
	City, Zip: _____
	Phone: _____ Fax: _____
	Email: _____

Sign below if you are the owner, contractor, or project manager assigned to the project.

Note that any violation of the provisions of Chapter 8.20 of the Irwindale Municipal Code will be subject to an administrative penalty, enforcement, and collection proceedings, as set forth in the chapter and authorized by Chapter 1.16 of the Irwindale Municipal Code. The Director of Public Works may withhold approval of any and all RRP's submitted by the responsible person on any project(s) until the applicable administrative penalty has been paid. In addition, the amount of any unpaid administrative penalty may be declared a lien on any real property on which the project took place, as provided in Chapter 1.16 of the Municipal Code.

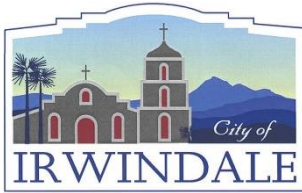
The undersigned fully acknowledges the requirements of Chapter 8.20 – Solid waste collection and salvage of recyclable materials.

In compliance with Irwindale Municipal Code, submittal of the following reports may be required:

Form 2 – Amendment: Required if any changes are proposed to the Recycling and Reuse Plan.

Form 3 – Final Compliance Report: Required no later than 45 days after project completion.

X	_____	_____	_____
	Owner's Signature	Print Name	Date
X	_____	_____	_____
	Signature if Authorized Contractor	Print Name	Date
X	_____	_____	_____
	Signature if Project Manager	Print Name	Date



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OWNER RESPONSIBILITY

Please read and initial each statement if you are (1) **the registered property owner** or (2) **the officer** of the corporation, partnership, limited partnership, or limited liability partnership.

_____ I understand this is a legally binding contract that I and my project manager(s), general contractor(s), contractor(s), and waste hauler(s) agree to fulfill. The use of facilities not listed on Table 1 shall require prior approval.

_____ I understand that the recycling facilities listed on Table(s) 1 are the **only** facilities to be used by my project manager(s), general contractor(s), contractor(s), and waste hauler(s).

_____ I agree to notify any and all persons involved in the project of the need to use **only** the facilities listed on Table(s) 1 by placing a copy of the Recycling Reuse Plan in their contract.

_____ I understand that my **failure** to notify any and all persons of the proper recycling facilities may lead to a failure to comply with the Recycling and Reuse Plan.

_____ I understand that the **failure** of any and all persons to fulfill the minimum recycling requirements may result in me being responsible for any monetary penalties.

_____ I understand that I am **responsible** for obtaining copies of any and all weight tickets from any facility which receives debris from this project. This includes facilities which are listed in this Plan, and those facilities which are not listed in this Plan. The use of facilities which are not listed on the Recycling and Reuse Plan may result in a monetary violation.

_____ I understand that once the project is complete, a Final Compliance Report **must** be filed. If I fail to file a Final Compliance Report or meet the minimum recycling requirements for the project by the required date, for any reason, the Department of Public Works **will assess** a monetary violation based on the percentage of tons that was not recycled or reused.

X _____
Officer's/Owner's signature Print Name Date