



CITY OF SAN JUAN CAPISTRANO CONSTRUCTION & DEMOLITION WASTE RECYCLING AND DISPOSAL FINAL REPORT & COMPLIANCE FORM

32400 PASEO ADELANTO SAN JUAN CAPISTRANO, CA 92675
949-443-6337 - CD@SANJUANCAPISTRANO.ORG

www.sanjuancapistrano.org/CD

PROJECT ADDRESS: _____ PERMIT #: _____

APPLICANT NAME: _____

Please provide facility name, material, and total tonnage disposed and/or diverted. Copies of documentation, (i.e. weight tickets and facility reports) must be attached. Email the completed form along with weight tickets to CD@sanjuancapistrano.org.

NOTE: Within sixty (60) days following the completion and finalization of a permit involving demolition or construction, the contractor shall submit documentation online to the Solid Waste Coordinator, which proves compliance with the requirements of Section 6-3.08.01. Any deposit posted pursuant to Section 6-3.08.04 shall be forfeited if the permittee does not meet the timely reporting requirements of this section. (Ord. No. 887, § 3)

ASPHALT / CONCRETE DEBRIS

I. DISPOSAL FACILITIES

Please list all disposal facilities (i.e. landfill or transformation) used for this project and enter the sum of all tickets/receipts per facility:

FACILITY NAME	TOTAL TONNAGE
Sub Total	A

II. RECYCLING/REUSE/SALVAGE FACILITIES

Please list all recycling facilities or recyclers used for this project and enter the sum of all tickets/receipts per facility:

FACILITY NAME	TOTAL TONNAGE
Sub Total	B

ALL OTHER DEBRIS

III. DISPOSAL FACILITIES

Please list all disposal facilities (i.e. landfill or transformation) used for this project and enter the sum of all tickets/receipts per facility:

FACILITY NAME	TOTAL TONNAGE

FACILITY NAME	TOTAL TONNAGE
Sub Total	D

IV. RECYCLING/REUSE/SALVAGE FACILITIES

Please list all recycling facilities or recyclers used for this project and enter the sum of all tickets/receipts per facility, by material recycled:

FACILITY/RECYCLER NAME	MATERIAL	TOTAL TONNAGE
Sub Total		E

V. MIXED C&D DEBRIS PROCESSING FACILITIES

Please list all mixed C&D debris processing facilities used and enter the sum of all tickets/receipts per facility:

FACILITY NAME	TOTAL TONS DELIVERED	TONS DIVERTED	TONS DISPOSED
		E	D

PROJECT TOTALS

Please enter disposal and diversion totals for each item below, according to letter. Totals reported must match those listed in Sections I-V:

TOTAL ASPHALT/CONCRETE DISPOSED	<input type="text"/> A	TOTAL ALL OTHER DEBRIS DISPOSED	<input type="text"/> D
TOTAL ASPHALT/CONCRETE DIVERTED	<input type="text"/> B	TOTAL ALL OTHER DEBRIS DIVERTED	<input type="text"/> E
TOTAL ASPHALT/CONCRETE GENERATED	<input type="text"/> C	TOTAL ALL OTHER DEBRIS GENERATED	<input type="text"/> F
ASPHALT/CONCRETE DIVERSION RATE	<input type="text"/> B÷C	ALL OTHER DEBRIS DIVERSION RATE	<input type="text"/> E÷F

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FINAL REPORT AND COMPLIANCE FORM



PROJECT ADDRESS: _____ PERMIT #: _____
APPLICANT NAME: _____

OVERALL PROJECT DIVERSION RATE $(B+E) \div (C+F) * 100$

To the best of my knowledge, the above information is an accurate representation of the disposition of the construction and demolition materials generated on-site at the construction job. I understand that the City of San Juan Capistrano may audit disposal and recycling documentation for this project.

Contractor Name Signature

Owner Name Signature

Date: _____

WAIVER & FORFEITURE

I do not have documentation which proves compliance with the City's minimum construction and demolition debris diversion requirements. Therefore, I waive my right to request a refund for the Construction & Demolition bond and hereby forfeit the bond to the City of San Juan Capistrano in order to proceed with my final inspection.

Contractor Name Signature

Owner Name Signature

Date: _____

OFFICE USE ONLY

PROJECT ADDRESS: _____ PERMIT #: _____

Diversion Requirement Met: Yes No

Final Compliance Report Approved: Yes No

FINAL REPORT APPROVED BY: _____ DATE: _____



C&D RECYCLING DEPOSIT REFUND REQUEST

Refunds will be mailed within 6 to 8 weeks following receipt of an approved Refund Request and project confirmation documentation, which identify how the project materials were diverted, including receipts from the disposal company.

IMPORTANT: Within sixty (60) days following the completion and finalization of a permit involving demolition or construction, the contractor shall submit documentation online to the Solid Waste Coordinator, which proves compliance with the requirements of Section 6-3.08.01. Any deposit posted pursuant to Section 6-3.08.04 shall be forfeited if the permittee does not meet the timely reporting requirements of this section. (Ord. No. 887, § 3)

Permit Number _____ Deposit Paid: \$ _____
Project Address _____
City _____ State _____ Zip _____

I certify that the information provided with this Refund Request represents the disposition of at least 65% of the materials generated from this project and understand that if the recycling paperwork and receipts are not turned in within 60 days of the permit's final inspection date, or the permit expires without renewal, I will forfeit my C&D bond deposit. Furthermore, I certify that this information represents materials generated only from the project listed above.

Signature _____ Date _____
Print Name _____ Title _____
Phone Number (_____) _____

Refund check will be mailed to the name and address listed on the Permit Receipt. If the refund check is to be sent to a person or address other than that listed on the Permit Receipt, please complete Section 1 and 2 of this form.

Change of Address for Refund Notice
(To be completed by original party listed on Permit Receipt)

Section 1

By signing my name, I hereby direct any C&D Refund for Permit Number: _____
Be refunded and sent to the address listed in Section 2 below.

Print Name _____ Title _____
Signature _____ Date _____

Section 2

Name _____
Address _____ City _____ St. _____ Zip _____