



RECEIPTS REQUIRED (3 days) PRIOR TO PROJECT FINAL
E-mail to kmcrae@cityofhanfordca.com & carms@cityofhanfordca.com

317 N.Douty Street
Hanford, CA 93230
Telephone: 559-585-2581
Permitting Hours: **8:00AM–4:00PM, Monday–Friday**

APPLICANT’S INFORMATION

Name:		
Mailing Address:		
City	State	Zip Code
Phone:()		
Email:		
Relation to Project:		
Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Authorized Representative <input type="checkbox"/>		
PROPERTY OWNER’S INFORMATION (if different from above)		
Name:		
Address:		
City:	Zip Code:	Phone:()

PROJECT INFORMATION

Name:	
Site Address:	
City:	
Expected Project Start Date:	End Date:
Type of Project:	
<input type="checkbox"/> Residential	
<input type="checkbox"/> Construction <input type="checkbox"/> Demolition <input type="checkbox"/> Grading <input type="checkbox"/> Renovation, Remodel, or Addition	
<input type="checkbox"/> Non-Residential	
<input type="checkbox"/> Construction <input type="checkbox"/> Demolition <input type="checkbox"/> Grading <input type="checkbox"/> Renovation, Remodel, or Addition	
Is this project exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason:	
Project Description: _____	

RECYCLING AND REUSE PRE-PLAN
(Submit Plan with Permit Application)

Material Type	Who Will Haul Material	Material Will Be: (Circle One) <small>(Circling Bin: No Receipts Provided)</small>	Recycling/Reuse Facility Where Debris will be Taken	Estimated Recycling/Reuse Percentage
Construction and/or Demolition Debris		Recycled/Reused/Landfilled/Bin		
Inerts (Cement,Dirt)		Recycled / Reused / Landfilled/Bin		
Greenwaste		Recycled/Reused/Landfilled/Bin		
Refuse		Landfilled		
Other (Describe)		Recycled / Reused / Landfilled/Bin		

FOR OFFICE USE ONLY

RECYCLING FINAL REPORT-RECEIPTS REQUIRED

*Email receipts to kmcrae@cityofhanfordca.com & carms@cityofhanfordca.com at least 3 days prior to project Final
(Include Weigh Tickets and/or Receipts)*

Material Type	Tonnage	Material was: (Circle one)	Percentage Recycled
Construction and/or Demolition Debris		Recycled / Reused / Landfilled	
Inerts (Cement, Dirt)		Recycled / Reused / Landfilled	
Greenwaste		Recycled / Reused / Landfilled	
Refuse		Landfilled	
Other (Describe)		Recycled / Reused / Landfilled	

Please sign below if you are the owner(s) or legal representative(s):

The purpose of this plan is to identify and outline the methods to be used as the minimum requirements for a construction waste management plan when the local jurisdiction does not have a construction and demolition waste management ordinance per CalGreen Section 4.408.2.

This construction waste management plan is hereby submitted to comply with Section 4.408.2 of the California Green Building Standards Code. By signing below, I acknowledge that I have read the requirements for this project, and agree to my responsibilities to follow the procedures of this plan.

Person Signing the Plan: **PROPERTY OWNER** or **LEGAL REPRESENTATIVE** (please circle)

Signature

Print Name

Date

Recycling Plan Approval:

City of Hanford Official or Designee Signature

Print Name

Date

FINAL APPROVAL (Receipts Required)

Meets 65% Requirement: Yes No Approval% If Lower Than 65%: _____% Reason:

Recycling & Reuse Final Approved: Yes No

City of Hanford Official or Designee’s Signature

Print Name

Date