CWMP ACKNOWLEDGEMENT

Building Department

1480 Main Street

St. Helena, CA 94574

(707) 967-2779

OFFICE USE ONLY

PERMIT #: _____

PROJECT ADDRESS:_____

PROJECT TYPE:_____

PERMIT #:_____

CONTRACTOR:_____

WASTE HAULING COMPANY:_____

The foreman for each new subcontractor that comes on-site is to receive a copy of the Construction Waste Management Plan (CWMP) and sign this acknowledgement form.

I have read the CWMP for this project; I understand the goals of this plan and agree to follow the procedures described in this CWMP.

DATE	SUBCONTRACTOR COMPANY NAME	FOREMAN NAME	FOREMAN SIGNATURE