



City of San Clemente/Engineering Division
910 Calle Negocio, Suite 100
San Clemente, CA 92673
Phone (949) 498-9436 / Fax (949) 361-8316
McIntoshD@san-clemente.org
Or contact CR&R, Inc. (877) 728-0446

Waste Management Plan (WMP)

Complete and submit the following information with each application for a building permit.

Owner Name _____ Owner Phone No. _____

Owner Address _____

Contractor Name _____ Contractor Phone No. _____

Contractor Address _____

Project Address _____

Description of Project _____

Anticipated materials removed from project _____

Anticipated volume or weight of each material type _____

Anticipated volume or weight of material that can feasibly be recycled or reused _____

Anticipated volume or weight of material that will be landfilled _____

Location where materials will be landfilled _____

Location where material will be recycled _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining and or providing information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and or imprisonment.

SIGNED:

DATE:

Contractor _____

Property Owner _____

Once the project is completed, please fill out the Recycling Summary and turn the completed form in to the Environmental Services Coordinator at the address listed above or fax to (949) 361-8316. Failure to submit your Recycling Summary Report within 60 days of project completion will result in forfeiting your deposit.

Recycling Summary Report

Permit # _____

Project Address _____ Contractor Name _____

<u>Material</u>	<u>Reuse/Salvage (lbs)</u>	<u>Disposal (lbs)</u>	<u>Recycled (lbs)</u>	<u>Destination</u>
Concrete/Asphalt/Dirt				
Brick/Masonry/Tile				
Carpet/Foam Padding				
Cardboard/Paper				
Drywall				
Scrap Metal				
Unpainted Wood				
Pallets				
Green Waste				
Garbage/Trash				
Plastic				

Other _____

Refund
Mailing
address: _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining and or providing information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and or imprisonment.

SIGNED:

DATE:

Contractor _____

Property Owner _____

Please provide completed form and certified weight tickets to the Environmental Services Coordinator within 60 days of completion of the project or your refund will be forfeited. You may fax this completed information to Danna McIntosh at (949) 361-8316. If you have any questions, please call (949)498-9436