



6000 Heritage Trail
Clayton, CA 94517
925-673-7340

CLAYTON CONSTRUCTION AND DEMOLITION DEBRIS RECYCLING WASTE MANAGEMENT PLAN (WMP)

For City Use Only

Project No. _____

- ☐ Approved
☐ Waived
☐ Not Approved

Staff Initials: _____

Receipt # _____

Date: _____

Clayton C&D Recycling Ordinance requires at least 65% diversion of job-site waste materials from the landfill. (Ord. 477 § 2: April 4, 2017; replacement of prior Ord. No. 389: Jan. 6, 2006)

Residential: All construction, demolition, renovation, or re-roofing projects within the City, which involve the construction, demolition, or renovation of five hundred (500) square feet or more of existing area, and/or any additional increase in square footage of conditioned or habitable area by additions to or modification of the existing structure; and which require a building, grading, or demolition permit shall be considered covered projects and shall comply with this chapter. For the purposes of determining whether a project meets the foregoing thresholds, all phases of a project and all related projects taking place on single or adjoining parcels, as determined by the official, shall be deemed a single project.

Note: excavation of materials that requires grading permit or a Construction Activity Permit (CAP) such as an in ground pool; removal of in ground pool are also covered projects.

Non-Residential: All non-residential additions or alterations requiring a permit.

Please answer the following:

1.

Property Owner Name/Ph.#	
Job-site Address:	
Name of Project Manager:	
Address:	
Phone Number:	
Cellular Phone Number:	
Fax Number:	

2. Identify the type of materials to be recycled, salvaged or disposed from the job-site in **Section I** of the waste assessment table on the back of this page.
3. Identify how materials will be handled, who will haul materials or what facility materials will be going to in **Section I** of the waste assessment table on the back of this page.
4. **Section II** is to be filled out with supporting documentation upon completion of project.
5. Briefly state how materials will be sorted for recycling and/or salvage on the job site.

6. Will this project require the use of sub-contractors? ☐ Yes ☐ No
If yes, briefly state how you plan to inform and ensure participation by the sub-contractors of your job-site recycling and waste management responsibility.

CONSTRUCTION and DEMOLITION DEBRIS MANAGEMENT PLAN [Pg 2]

SECTION I. BEFORE START OF PROJECT: Identify the materials that you estimate will be recycled, salvaged or landfilled. Identify the handling procedure, hauler and/or destination of each material type.

SECTION II. UPON COMPLETION OF PROJECT: Indicate the material **types and quantities** recycled, salvaged or disposed from this job-site. For deposit refund original weight tags must be submitted with this completed report identifying: 1) job site address, 2) weight of load(s), 3) material type(s) and 4) if materials were recycled, salvaged or disposed. Must submit completed form with receipts/tags to City of Clayton Community Development Department.

Material Type	Section I Identify materials (✓) (Est. amount by weight – optional)			Handling procedure, hauler or final destination of materials	Section II Quantity of each material (by weight) (To be filled out at completion of project)			City use only Acceptable weight tag (staff initials)
	Recycle	Salvage	Landfill		Recycled	Salvaged	Landfilled	
Asphalt & Concrete								
Brick, Tile								
Building materials-doors, windows, fixtures, cabinets								
Cardboard								
Dirt/Clean Fill								
Drywall								
Carpet padding/ Foam								
Plate/window Glass								
Scrap Metals (steel, aluminum, brass, copper, etc.)								
Unpainted Wood & Pallets								
Yard Trimmings (brush, trees, stumps, etc.)								
Other:								
Garbage								

If no materials are targeted for recycling or salvage, please state why: _____

Contractor's Signature / Date _____

Property Owner's Signature/Date _____

City Use Only: Recycling meets 65% minimum – (Amount _____ %) Yes ☐ No ☐ Staff Initials: _____ Date: _____

Refund: Yes ☐ No ☐ Refund Amount: _____ Name: _____
Address: _____

Authorized By: _____ Date: _____

Vendor # _____

Account # _____

City Manager Approval