



1 Pendergrass Way
Sand City, CA 93955

Waiver No.: _____
Issued by staff

CITY OF SAND CITY ADMINISTRATION DEPARTMENT Recycle/Organic Waste Collection Waiver Application Form (Sand City Municipal Code Section 13.04.140)

By submitting this application, you acknowledge that this form is to request a waiver for recycling and/or organic waste collection requirements and that submission of this form does not guarantee approval of a waiver. An application submission indicates that you (as the applicant) understand the requirements of Sand City Municipal Code (SCMC) Chapter 13.04 and Senate Bill (SB) 1383, and that you believe you meet at least one (1) of the legal criteria for waiver eligibility. One application per street address and type of waiver request.

APPLICANT:

Property Owner / Business Owner Name: _____

Business Name: _____

Mailing Address: _____
Street City State Zip

Phone Number: () _____ E-mail (if any): _____

Greenwaste Recovery Account # for the Waiver Requested: _____

This application is requesting which of the following. De Minimus Waiver (businesses only)

Check the appropriate box and complete that section

of this application form. (Check only one)

Physical Space Waiver

Collection Frequency Waiver

Cart Type for Waiver: Recyclable Materials Cart
(check one or both)

&/or

Organic Materials Cart

PROPERTY & LAND USE DESCRIPTION:

The property is: A Residential Multi-Family

or

A Business

If Multi-Family Residential, indicate the number of units. _____

If a business, then describe the type of business activity (i.e., office, retail, manufacturing, etc.)

(Attach additional sheets if needed)

Site Address (for the waiver): _____, Sand City, CA 93955
Street

The residential multi-family (must be 5 or more dwelling units) or commercial business property address listed above is requesting a waiver of collection services for the reason(s) indicated below.

De Minimis Waiver (businesses only). A waiver is requested due to this business generating a minimal amount of recyclables and/or organic waste. Per State law, only commercial businesses may receive a De Minimus Waiver. Select the one option below that applies.

- The total solid waste collection service for this business is two (2) cubic yards or more per week and this business generates less than twenty (20) gallons per week of organic waste and/or recyclable material.

- The total solid waste collection service for this business is less than two (2) cubic yards per week and this business generates less than ten (10) gallons per week of organic waste and/or recyclable material.

Note: The total solid waste shall be the sum of weekly container capacity measured in cubic yards for solid waste, recyclable materials, and organic materials combined. Organic waste includes the following: landscape trimmings, food scraps, paper towels, facial tissues, paper napkins, and other food or beverage-soiled paper products.

Provide an explanation/description of how the de minimus application and waiver apply to this request. Attach pictures to support the request. (Attach additional sheets if needed.)

Provide an estimate of the amount of waste generated on a weekly basis for the address identified for the waiver request, including proportions of recyclables and organic materials (Attach additional sheets if needed.)

Physical Space Waiver. There is insufficient space at the property listed above for the storage and/or service of the required recyclable material and/or organic cart(s). A physical space waiver is hereby requested for the following (mark all that apply):

Recyclable Materials Cart

Organic Materials Cart

Describe the reason for the lack of space to support the request. (Attach additional sheets if needed.)

Provide photos, blueprints, site plans, etc. of the space / enclosure showing the limitations that prevent the property from adding the required service container(s). Provide information or correspondence from the garbage / recycling hauler about the lack of adequate space to add recycling and/or organic collection bins/service. Explain why decreasing the size of collection containers is not an option. Explain why shared collection with a nearby business is not an option.

Note: City staff and/or the City's franchised waste hauler or designee will inspect the site to confirm the lack of available space for recyclable material and/or organic material carts.

Collection Frequency Waiver. The Applicant is requesting service pick-ups for the collection of solid waste and/or recyclable materials containers be arranged once every fourteen days rather than once per week. A collection frequency waiver is hereby requested for the following (mark all that apply):

Recyclable Materials Cart

Organic Materials Cart

Describe the reason for extending the frequency of collection services from once per week to once per fourteen (14) days. (Attach additional sheets if needed.)



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ATTEST AND ACKNOWLEDGE

I, the Applicant as the signatory below, am authorized to sign this form and acknowledge that the City of Sand City's recycling and organic waste diversion requirements under Chapter 13.04 of the Sand City Municipal Code is/are being met for all waste generated from the property identified/described above.

I attest that all information presented herein and attached to be true and correct to the best of my ability, and that no recyclable or organic waste materials generated at this property will be land-filled if this waiver is approved.

I understand that if the circumstances on this waiver request change in such a way that the property identified on this application no longer satisfies the applicable criteria for a waiver in accordance with SCMC Chapter 13.04, I will be required to notify the City of such changes and that the waiver will be rescinded by the City.

I understand that approved waivers for recycling and organics have a maximum time limit of five (5) years after the City's authorization signature date of granting the waiver. Upon the property ownership changes; the new property owner or business will need to submit a new waiver request application for consideration and approval by the City.

I acknowledge and understand that the City and/or its franchised waste hauler or designated representatives will perform inspections of the property for which this waiver is issued to ensure that waste diversion is still occurring on-site. If a significant amount of recyclables and/or organic waste is found in the trash (solid waste), the approved waiver will be cancelled and the City's Franchised waste hauler will deliver recycling and/or organic waste carts for services where fees will be charged.

As the applicant, I have read and completed this application and declare that the information contained in this application and all other supporting material submitted herewith this application are true and correct to the best of my/our knowledge.

Signature of Applicant

Date



1 Pendergrass Way
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City Staff Use Only

**CITY APPROVAL OR DENIAL OF
RECYCLE /ORGANIC WASTE COLLECTION WAIVER**

To be authorized/signed by City Manager or Designee

WAIVER - APPROVAL / DENIAL:

Approved

Denied

If denied, attach findings for determination.
If approved, complete the section below.

Applicant's Name: _____

Property Site Address for Waiver: _____, Sand City, CA 93955

Greenwaste Recovery Account # for the Waiver Requested: _____

Type of Waiver Issued: De Minimus Waiver (businesses only)

Physical Space Waiver

Collection Frequency Waiver

Cart Type for Waiver: Recyclable Materials Cart &/or Organic Materials Cart

Site Inspection Performed By: _____ **Date of Visit:** _____

WAIVER - ISSUANCE:

The City Manager, or designee, of the City of Sand City has reviewed this Recycle and Organic Waste Collection Waiver application submitted by the Applicant (as identified above) for the Property (as identified above) for a Recycle or Organic Waste Collection Waiver (as identified above). The circumstance(s) outlined in this application has (have) met the applicable requirements of Sand City Municipal Code Section 13.04.140 for approval and issuance of a waiver for that time between the "Start Date" to the "Expiration Date" identified below, unless said waiver is revoked. By the signature below, the waiver as indicated above (Waiver No. _____) is hereby issued to the Applicant for the Property as each are identified above:

Waiver Start Date: _____ **Waiver Expiration Date:** _____
(Note: Cannot legally be greater than five (5) years)

Waiver No. _____

City Manager's Signature of Issuance

Date of Issuance