Form D – Mandatory Commercial Recycling and Organics Recycling Compliance

Businesses in California must have recycling programs for Commercial Recycling and Organics Recycling. Please use this form to provide documentation of the required recycling programs for the business/businesses that will occupy the project site. For questions about this form, please contact the Recycling Section at 951-486-3200 or Waste-CompostingRecycling@rivco.org

For additional information, please visit: http://www.rcwaste.org/business/planning/applications

Part A- Project Information

Date ______________________ Applicant First Name ____________________ Last Name ____________________ Project/Building Permit Number ____________________

Applicant E-mail ____________________ Applicant Phone Number ____________________ Assessor’s Parcel Number (APN) ____________________

Project Address (street name, city, zip code)

Brief Description of Project:

____________________________________________________________________

____________________________________________________________________

Part B- Compliance Information

Mandatory Commercial Recycling

Assembly Bill 341 requires all businesses and Multi-Family complexes with five units to reuse, recycle, compost, or otherwise divert commercial solid waste from disposal: Recyclable material types may include, but are not limited to: paper, plastics, glass, metals, cardboard, and construction and demolition materials.

1. Will the Project subscribe to recycling waste pick-up? ☐ Yes ☐ No
   If "yes", provide the name of the waste hauler and a copy of your recycling service bill as proof of service.

   Name of waste hauler: ________________________________

   ☐ Waste hauler bill showing recycling service at the property address
   ☐ Correspondence from waste hauler stating that recycling service has been ordered for the property.
   ☐ Lease agreement specifically stating that tenants are required to subscribe to recycling service.

   If you are using your waste hauler and have provided proof of service, proceed to Question 3.

2. Will you self-haul recyclables off-site for recycling/processing? ☐ Yes ☐ No
   If "yes", please provide the following information regarding your recycling program:

   Materials recycled: __________________________________________________________

   Recycling Facility Name: ______________________________________________________

   Offsite Facility Address: ______________________________________________________

   ☐ Proof of service is attached (required). This could be a copy of invoices, donation receipts, contracts, etc.
3. Will the Project subscribe to organics waste pick-up? ☐ Yes ☐ No

If "yes", provide the name of the waste hauler and a copy of your organics recycling service bill as proof of service.

Name of waste hauler:__________________________________ One of the following is required to show proof of service:

☐ Waste hauler bill showing organics recycling service at the property address.
☐ Correspondence from waste hauler stating that organics recycling service has been ordered for the property.
☐ Lease agreement specifically stating that tenants are required to subscribe to organics recycling service.

If you are using your waste hauler and have provided proof of service, proceed to Part C.

4. Will you compost or recycle your organic waste on-site, or haul off-site for recycling/processing? ☐ Yes ☐ No

If "yes", please provide the following information regarding your recycling program:

Materials recycled: ______________________________________________________________

Recycling Facility Name: _________________________________________________________

Offsite Facility Address: __________________________________________________________

☐ Proof of service is attached (required). This could be a copy of invoices, contracts, etc.

If "no", please provide a justification for exemption (RCDWR will determine if an exemption is to be granted based on the review of specific project type and information submitted).

Part C- Project Approval

By signing below you certify that the information provided above is true and correct.

Applicant Signature ________________________________

Project Approved/Cleared by (for RCDWR use only): ________________________________