

## WASTE MANAGEMENT PLAN (WMP) For Construction, Demolition, and Land Clearing Debris

Development Services Department 3232 Main Street, Lemon Grove, CA 91945 Phone: 619-825-3805 Fax: 619-825-3818 www.ci.lemon-grove.ca.us

Per Lemon Grove Municipal Code, Chapter 13.32: This form must be completed for all construction, demolition, and land clearing projects, the total size of which is, or is projected to be, greater than or equal to 10,000 square feet. No work shall begin unless the WMP Compliance Official has approved a WMP for the project.

Please submit this form early in the plan check process to streamline the permitting process.										
Permit #					Project Name:					
Project Address:					Property Owner:					
Contact Name:					Phone:					
Contact Address:					Fax:					
City/State/Zip:					Email:					
Project Type (Check all that apply)   Construction   Demolition   Land Clearing										
Estimated Square Feet:	Estimated Start Date:				Estimated F	stimated Finish Date:				
Contact Signature:					Date:					
Complete the following table with estimated waste to be generated. The minimum required diversion rate is 75% by weight.										
Indicate quantities in tons. (Please use the City's Construction and Demolition Debris Conversion Rate Table if needed.)										
Material Type	A Estimated Waste (tons)		B Estimated Salvage Reuse and/or Recycle		C Estimated Disposal (Land Fill)	D Hauler	E Facility Destination(s) (Company Name)			
Asphalt & Concrete					•					
Brick/Masonry/Tile										
Cabinets, Doors, Fixtures, Windows										
Carpet (No padding)										
Carpet Padding Only										
Cardboard										
Ceiling Tile (Acoustic)										
Drywall (Used)										
Drywall ( New sheets/scrap)										
Roofing Materials										
Scrap Metal										
Stucco										
Unpainted Wood/Pallets										
Misc recyclables (Alum, glass, paper, plastic)										
Garbage/Trash										
Other:										
Totals										
The Estimated D	iversion	Rate Eq	uals: Total B		÷ Total A _	X 100	=%			

Complete the following table with estimated land clearing waste to be generated. The minimum required diversion rate is 100 % by weight. (Please use the City's Construction and Demolition Debris Conversion Rate Table if needed.)										
Material Type	Estin	A nated (tons)	B Estimated Salvage Reuse and/or Recycle	Dis	C imated sposal nd Fill	D Hauler	E Facility Destination(s) (Company Name)			
Landscape Debris (brush, trees, stumps, etc.)			and/or Rodyolo		<u></u>					
Other:										
Totals										
FOR CITY USE ONLY  WMP Approved:  Date:										
WMP Denied:		Date:								
Notes:		Date.								
To APPLY FOR DIVERSION DEPOSIT REFUND:  Complete the following section after project permit has received a final inspection. Submit all diversion and disposal receipts, including written statements and/or photographs documenting reuse or donations.  Refund requests must be submitted within 60 days following final inspection date. Requests submitted after 60 days are ineligible for refund. Refunds will not be issued if all requested information and documentation is not provided. Refunds will be mailed within 45 days following receipt of all proper documentation. (LGMC 13.32.120).										
Attach the following documentation to this request:  Copy of permit receipt showing amount of CD deposit paid Copies of all recycling weight tickets Copies of all donation receipts with photos and/or itemized descriptions Copies of all landfill weight tickets						Return competed form & documentation to:  City of Lemon Grove WMP Compliance Official 3232 Main St Lemon Grove, CA 91945				
I certify under penalty of perjury under the laws of the State of California that the information provided in and with this form pertains to construction, demolition, and/or land clearing debris generated from the permitted project listed, and that I have reviewed the accuracy of the information to be true and correct to the best of my knowledge.										
Signature:	Date:	ate:								
Print Name:		Perm	Permit #							
Address:		Final	Final Inspection Date:							
City/State/Zip	Dayti	Daytime Telephone:								
	E-Mai	E-Mail:								
FOR CITY USE ONLY										
Total Diverted:	Tons	CD Dep	osit Amount:							
Total Waste:	Tons	Refund	Amount Due:			Acct. # 21-0059				
Diverted (D/W) %:		Amount Retained:				Acct. # 21-5911				
Required (75%/100%):		WMP O	fficial Approval:			Date:				
☐ Full Diversion ☐ Partial Diversion %										