



ACKNOWLEDGEMENT FORM

Construction & Demolition Debris Waste Reduction & Recycling Plan (WRRP)

Name _____ Title _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Project Information

Permit # _____ Project Title _____

Project Address _____ Zip _____

Acknowledgement

- I have received the City's Construction & Demolition Debris Recycling Requirements and Green Halo Instructions.
- I understand I must submit a Waste Plan on Green Halo.
- I understand that if I use sub-contractors with this project, I am responsible for ensuring that they meet the requirements of CALGreen and City's Municipal Code Chapter 16.12.
- I understand that I must submit a Final Recycling Report at the completion of this project and include all weight tickets or other equivalent documentation from any City's Approved C&D Recycling Hauler and Facilities.
- I understand that failure to meet the diversion rate requirement from CALGreen and the requirements of the City's Municipal Code will result in a forfeiture of my Recycling Deposit.

WRRP Final Recycling Report

- The Final Recycling Report must be submitted within 60 days of the final inspection to receive your refundable Recycling Deposit. Projects submitted after 60 days will not be eligible for a refund. Refunds will not be issued if all requested information and documentation is not provided.
- The project will be completed once your Final Recycling Report is approved and has demonstrated that a minimum of 65% of the project waste was diverted from the landfill.

Certification

Applicant is advised of CALGreen and City of Lake Forest Municipal Code Chapter 16.12 (Construction and Demolition Debris Diversion). 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 and demolition debris generated only from the project listed in this form, that I have reviewed the accuracy of the information, and that the information is true and correct to the best of my knowledge and belief. I understand the acknowledging statements listed under 'Acknowledgement'.

☐ Project Manager ☐ Property Owner ☐ Contractor ☐ Other _____

Name _____ Company _____

Signature _____ Date _____

Refund of Recycling Deposit Information

Select the form of payment: ☐ Check ☐ Credit Card ☐ Cash

Recycling Deposit will be made payable to the original payer of the Recycling Deposit. Please provide a complete mailing address.

Name on Credit Card or Check:

Refund Mailing

Address _____ City _____ State _____ Zip _____

For City Use Only			
Approved By:		Date	/ /
Building Division Valuation			
Recycling Deposit Amount	\$	Application Fee: \$141.00	Paid <input type="checkbox"/> Yes <input type="checkbox"/> No