CITY OF PASADENA



CONSTRUCTION & DEMOLITION WASTE MANAGEMENT COMPLIANCE REPORT FORM AND PERFORMANCE SECURITY DEPOSIT REFUND REQUEST FORM

Please submit via fax to 626-744-7085 or via email to recycle@cityofpasadena.net For further information, please call 626-744-7175.

*City of Pasadena N	/lunicipal (_	ires that at least 75% of waste plition be diverted from the lan	_	onstruction and
Project Address:					
BLD or DEM#:				Date:	
Please select	which type	of report you	u are submitting:		
Monthly	Start Date:		End Date:		
			End Date:		
materials were recycled	d on or off s rify the info	site, reused, o	uantities for each type of material, r or salvaged. Weight tickets or rec ommarized below. In some instanc	eipts must be submitted in	n conjunction
MATERIAL TYPE	RECYCLED % (in tons)	LANDFILLED (%) (in tons)	HAULER(S)	DESTINATION FACILITY(TIE	DOC. ATTACHED
WOOD					
CONCRETE					
METAL					
DRYWALL					
CARDBOARD					
OTHER					
OTHER					
TOTALS:					
TOTAL COMBINED:			TOTAL PERCENTAGE OF RECYCLED MATERIALS:		
I hereby certify that the in Chapter 8.62 of the Pasac Applicant Name:		-	d is correct. I understand that falsificati	ion of information is punishab	le pursuant to
Applicant Signature:				Date:	
FOR OFFICE USE ON Received by:	LY		Date received		



Public Works Department

P.O. Box 7115

Pasadena, CA 91109

(626)744-7175

Project Address	s:		
Case Number:	:		
Date of Deposit	t:	Date of this Application	n:
	refund the Construction and Demolition Pence requirements have been met for this p	, ,	oosit. The Construction and Demolition
	refund the Construction and Demolition Peled and no work has been done at the prop	• •	oosit. The building permit has been
Other:			
	se print clearly*		
Mailing Addres City:		State:	Zip:
Mailing Addres	s:	State:	Zip:
Mailing Addres City:	ber:		Zip:
Mailing Addres City: Phone Numum	ber:		Zip:
Mailing Addres City: Phone Numum Email Address	ber: :		
Mailing Addres City: Phone Numum Email Address	ber: :	Fax:	Date:
Mailing Addres City: Phone Numum Email Address	ber: : nator: *To be comp	Fax:	Date:
Mailing Addres City: Phone Numum Email Address	ber: : *To be comp Division records indicated that Performance Security Deposit:	Fax: leted by City Staff* the following fees have been	Date:
Mailing Addres City: Phone Numum Email Address	ber: : : : : : : : : : : Division records indicated that Performance Security Deposit: Misc.:	Fax: leted by City Staff* the following fees have been	Date:
Mailing Addres City: Phone Numum Email Address Signature of Origin	ber: : mator: *To be comp Division records indicated that Performance Security Deposit: Misc.: TOTAL FEES PAID:	Fax: leted by City Staff* the following fees have been	Date: