



City of Oakley  
3231 Main Street  
Oakley, CA 94561  
Ph. 925-625-7000  
Fax. 925-679-1707  
www.oakleyinfo.com

## Oakley C&D Ordinance Waste Management Plan

Oakley C&D Recycling Ordinance requires at least 50% diversion of the job-site waste materials from the landfill for the following covered projects:

- Any residential or commercial remodeling or building project where total costs are valued at \$30,000 or greater; or
- Any City-owned or City-sponsored project regardless of permit value; or
- Any residential or commercial demolition project regardless of permit value; or
- Any newly constructed residential building three stories or less, and non-residential occupancies. (CalGreen Sections 4.408 and 5.408); or
- Any residential or commercial roofing or re-roofing project regardless of permit value.

1. Identify the Property Owner/Project Manager:

Permit Holder: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Permitted Project Address: \_\_\_\_\_

City Permit #: \_\_\_\_\_ Person Submitting Request: \_\_\_\_\_

2. Identify the type of materials to be recycled, salvaged, or disposed from the job-site in Section I on the Waste Management Report on the back of this page.

3. Identify how materials will be handled, who will haul, and what facility the materials will be sent in Section I on the Waste Management Report on the back of this page.

4. Identify how the materials will be diverted in Section I on the Waste Management Report on the back of this page.



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5. If Claiming Infeasibility (Project materials are not reusable or recyclable.) please explain

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**Applicant Acknowledgement**

I certify that I am or are using a Contractor acting as a Self Hauler as defined in Oakley Municipal Code Section 4.20.308. I further agree to not hire or sub out a second Contractor to act as a Self Hauler.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Use of Oakley Disposal Service Applicant Acknowledgement**

I certify that I am using Oakley Disposal Service as my Construction and Demolition Debris hauler on the above referenced address/addresses.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* Retain all correspondence for submittal with the Final Report. \*\*\***

<i>City Use Only</i>	
<input type="checkbox"/>	Approved
<input type="checkbox"/>	Waiver
<input type="checkbox"/>	Not Approved
Reason: _____	
Date: _____	Staff Initials: _____

