



County of Kings  
Construction and Demolition Debris  
Recycle and Reuse Plan

**RECEIPTS REQUIRED PRIOR TO PROJECT FINAL**

County of Kings  
1400 W. Lacey Blvd.  
Hanford, CA 93230  
Telephone: 559-852-2670  
Office Hours: **8:00 AM – 5:00 PM, Monday – Friday**

| APPLICANT'S INFORMATION  |           |                |
|--|-----------|----------------|
| Name:  |           |                |
| Mailing Address:   |           |                |
| City   | State     | Zip Code       |
| Phone: (     )   |           |                |
| Email:   |           |                |
| Relation to Project: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Authorized Representative |           |                |
| PROPERTY OWNER'S INFORMATION (if different from above)   |           |                |
| Name:  |           |                |
| Address:   |           |                |
| City:  | Zip Code: | Phone: (     ) |

| PROJECT INFORMATION  |           |
|--|-----------|
| Name:  |           |
| Site Address:  |           |
| City:  |           |
| Expected Project Start Date:   | End Date: |
| Type of Project:   |           |
| <input type="checkbox"/> Residential   |           |
| <input type="checkbox"/> Construction <input type="checkbox"/> Demolition <input type="checkbox"/> Grading <input type="checkbox"/> Renovation, Remodel, or Addition |           |
| <input type="checkbox"/> Non-Residential   |           |
| <input type="checkbox"/> Construction <input type="checkbox"/> Demolition <input type="checkbox"/> Grading <input type="checkbox"/> Renovation, Remodel, or Addition |           |
| Is this project exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No   |           |
| Reason:  |           |
| <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Square Footage _____ <input type="checkbox"/> Value _____ <input type="checkbox"/> Other             |           |
| Project Description: _____   |           |
| _____  |           |
| _____  |           |

| RECYCLING AND REUSE PRE-PLAN<br>(Submit plan with permit application) |                        |                                   |  |                                      |
|---|------------------------|-----------------------------------|--|--------------------------------------|
| Material Type   | Who Will Haul Material | Material Will Be:<br>(Circle One) | Recycling/Reuse Facility<br>Where Debris will be Taken | Estimated<br>Recycling/Reuse<br>Rate |
| Construction and/or Demolition  |                        | Recycled / Reused / Landfilled    |  |                                      |
| Inerts (Cement, Dirt)   |                        | Recycled / Reused / Landfilled    |  |                                      |
| Greenwaste  |                        | Recycled / Reused / Landfilled    |  |                                      |
| Refuse  |                        | Landfilled                        |  |                                      |
| Other (Describe)  |                        | Recycled / Reused / Landfilled    |  |                                      |

| FOR OFFICE USE ONLY  |         |                                |                     |
|--|---------|--------------------------------|---------------------|
| RECYCLING FINAL REPORT – RECEIPTS REQUIRED   |         |                                |                     |
| Attach receipts and submit prior to project final (include weigh tickets and/or receipts), to the Permit Center at 1400 W. Lacey Blvd, Hanford, CA 93230 |         |                                |                     |
| Material Type  | Tonnage | Material was:<br>(Circle one)  | Percentage Recycled |
| Construction and/or Demolition Debris  |         | Recycled / Reused / Landfilled |                     |
| Inerts (Cement, Dirt)  |         | Recycled / Reused / Landfilled |                     |
| Greenwaste   |         | Recycled / Reused / Landfilled |                     |
| Refuse   |         | Landfilled                     |                     |
| Other (Describe)   |         | Recycled / Reused / Landfilled |                     |

Please sign below if you are the owner(s) or legal representative(s):  
The purpose of this plan is to identify and outline the methods to be used as the minimum requirements for a construction waste management when the local jurisdiction does not have a construction and demolition waste management ordinance per Section 4.408.2. This construction waste management plan is hereby submitted to comply with Section 4.408.2 of the California Green Building Standards Code. By signing below, I acknowledge that I have read the requirements for this project, and agree to my responsibilities to follow the procedures of this plan.

Person Signing the Plan: PROPERTY OWNER or LEGAL REPRESENTATIVE (please circle)

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

|  |                  |            |
|--|------------------|------------|
| <b>Recycling Plan Approval:</b>  |                  |            |
| Building Official or Designee's Signature _____  | Print Name _____ | Date _____ |
| <b>FINAL APPROVAL (Receipts Required)</b>  |                  |            |
| Meets 65% Requirement: <input type="checkbox"/> Yes <input type="checkbox"/> No    Approval % if Lower Than 65%: _____ % Reason: _____ |                  |            |
| Recycling & Reuse Final Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No   |                  |            |
| Building Official or Designee's Signature _____  | Print Name _____ | Date _____ |

Date: \_\_\_\_\_ APN: \_\_\_\_\_ Permit No.: \_\_\_\_\_ rcpt rcvd \_\_\_\_\_