



City of Maywood

4319 E. Slauson Ave, Maywood CA, 90270

Phone (323)562-5700 – Fax (323)773-2806

WASTE MANAGEMENT PLAN BUILDING AND PLANNING DEPARTMENT

Phone (323)562-5721 – Fax (323)773-2806

Any person seeking to build or demolish any structure with a job valuation of \$30,000 or more, be it public or private, shall complete the following information. Complete all items that are applicable to this project. Ensure that information provided is legible and understandable. Use black or blue ink or typewriter. All forms must become part of the public record, so make copies for your files.

1. General Applicant/Property Owner Information:

Applicant Name: _____

Applicant Address: _____

City: _____

Applicant Phone: _____

Owner Name: _____

Owner Address: _____

Owner Phone: _____

Date of Application: _____

DBA: _____

Unit/Apt: _____

State: _____ Zip: _____

Alt Phone: _____

DBA: _____

State: _____ Zip: _____

Alt Phone: _____

2. Project Contact and Property Information:

Contact Name: _____ Contact Address: _____

Contact Phone: _____ Alt Phone: _____

Project Address: _____ Assessor's Parcel Number: _____

Property and Project Information:

Parcel Size: Width: _____ Length: _____ Area: _____

Building Area: Existing: _____ Proposed: _____ _____

Floors: Existing: _____ Proposed: _____ _____

3. Recycling and Waste Reduction Information (use additional sheets as necessary)

Total Estimated Waste Generated by Project: _____ tons/cubic yards

MATERIAL	ESTIMATED AMOUNT GENERATED	ESTIMATED PERCENTAGE RECYCLED	ESTIMATED PERCENTAGE DISPOSED	HAULER OR FACILITY	ACUTAL PERCENTAGE RECYCLED
Asphalt/Concrete					
Dirt					
Brick/Masonry					
Wood					
Metals					
Doors, Windows and cabinets					
Trash					

4. Property Owner/Application Declarations:

The undersigned hereby declares under penalty of perjury that he/she is the legal owner of the above mentioned property. The undersigned also assumes the responsibility for the information and agrees to enforce and abide by any conditions of approval in the implementation and exercise of the granted entitlement.

Date: _____ Signature: _____

Name (Print): _____

The undersigned hereby declares under penalty of perjury that he/she is the representative of the legal owner of the property described above and has the authority to make such submittal of this form.

Date: _____ Signature: _____

Name (Print): _____