



**CITY OF SAN DIEGO
ENVIRONMENTAL SERVICES
DEPARTMENT**



**City Recycling Ordinance
Exemption Application**

Business Name: _____

Business Address: _____
Street Address City Zip Code

Mailing Address: _____
Street Address or PO Box City Zip Code

Phone number: (_____) _____ Fax number: (_____) _____

Contact Person for Solid Waste Management: _____

Email: _____

Presently, multi-family residential facilities, commercial facilities, and mixed use facilities which generate 4 cubic yards or less per week of solid waste, including recyclable materials mixed with solid waste, are automatically exempt from the requirements of the City Recycling Ordinance (Ordinance O-2008-30), and do not need to submit an application for exemption.

Other exemptions to some or all of the requirements of the City Recycling Ordinance may be granted at the discretion of the Director's designee. Applications for exemptions may be granted upon consideration of the following factors: available markets for recyclable materials, available space for recycling containers, alternative recycling efforts, and the amount and type of solid waste or recyclable materials generated. To be effective, an exemption application must be completed and signed by the Director's designee, and a \$130 processing fee must be paid. An exemption may be revoked at any time at the discretion of the Director's designee if one or more of the factors justifying the exemption no longer exist, or other changes in circumstances warrant revocation. Unless earlier revoked, an exemption shall be effective for a period of one year from the date it was granted. Subsequent applications for exemptions may be granted at the discretion of the Director's designee upon consideration of the factors listed above.

Please describe below your reasons for requesting an exemption:

- Lack of available markets for recyclable materials.** Business generates solid waste that is not readily recyclable in local markets.
- Attach description and photos of waste stream.
- Lack of available space for recycling containers.** Facility has extremely limited area for the collection and storage of recyclable materials and is not able to implement a recycling program with its waste hauler or recyclable materials collector.
- Attach photos of solid waste collection and/or storage areas
- Names of waste haulers and recyclable materials collectors contacted:

- Alternative recycling efforts.** Business has implemented an alternative recycling program. - *Attach written description of program and other supporting materials or photos.*
- Amount and type of solid waste or recyclable materials generated.** Attach description of your special circumstances that you feel qualify you for an exemption.

Applicant's Signature: I certify under penalty of perjury under the laws of the State of California that I have read this application and that the above information is true and correct to the best of my knowledge and belief, and that I am the property owner, authorized agent of the property owner, tenant, authorized agent of the tenant, other person having a legal right, interest, or entitlement to the use of the facility, or the person responsible for the management of solid waste for disposal or recycling at the facility that is the subject of this application.

Signature of Applicant: _____

Date

Print name and title: _____

ESD reserves the right to inspect/audit facilities for confirmation that the above information is correct and valid. The applicant will be notified in writing if the Exemption Application is denied including the reasons for the denial. The denial of an application for an exemption or the revocation of an exemption may be appealed to the Director of the Environmental Services Department, whose decision shall be final.

Please return application, check or money order for \$130 payable to City Treasurer, and any attachments to:

**City of San Diego Environmental Services Dept.
Attn: CRO Exemption
9601 Ridgehaven Ct., Ste. 320
San Diego, CA 92123-1636**

For ESD use only

Notes: _____

Recycling Specialist review _____ / / _____ Approve
Deny
Signature Date

Director's designee review _____ / / _____ Approve
Deny
Signature Date

Application Fee \$130.00 Paid by: Money Order Check# _____ / / _____
Date

Payment Received by: _____