

City of Calimesa

908 PARK AVENUE, CALIMESA, CALIFORNIA 92320

TELEPHONE 909.795.9801 FACSIMILE 909.795.4399

WWW.CITYOFCALIMESA.NET



CALIMESA
California

RECYCLING & WASTE MANAGEMENT PROGRAM

The City of Calimesa requires the recycling, reuse, or diversion of at least 65% of all construction and/or demolition waste generated from all construction, renovation, or demolition projects of 1,000 Sq Ft or more. The goal of these requirements is to protect the health, safety, and welfare of City residents and to meet the requirements of applicable California waste reduction mandates.

Complete this form of waste generated because of work performed in the City of Calimesa. Per Municipal Code 15.60.010 all applicants must utilize the City's Franchise waste hauler for collection unless exempted (see below). Contact CR&R Inc. Environmental Services at (800) 755-8112.

This R&WMP form must be submitted to the City of Calimesa's Building Department within fifteen (15) days of project final building inspection date with receipts (showing load weights) from disposal and recycling facilities to obtain a refund of the performance deposit.

Please be advised that refunds will not be approved without receipts from the Facility or hauler showing proof of recycling diversion. Kindly ensure that all necessary receipts are submitted to process your request.

For processing of your refund e-mail this completed form and receipts to buildingtech@calimesa.gov

Project Address _____ Permit # _____

Company _____ E-mail Address _____

Applicant's Name: _____ Phone # _____

Applicant's Mailing Address _____

City _____ State _____ Zip _____

Section B – Recycling Compliance

Procedure for Hauling Away Construction & Demolition Debris from your project (*please check one*):

CR&R

Self-Haul (List name of Waste Facility)

Type of Project: New Construction Demolition Addition Tear Off Re-roof

Start Date of Project _____ Completion (Finaled) Date _____

Actual Diversion Percentage Rates (all materials) _____%

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Section C – Waste Recycling Facilities

List Name(s) of Waste Recycling Facilities:

Facility Name(s)

Materials (provide a description of diverted materials)

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

Section C – Office Use Only

Recycle Deposit Amount _____

Public Works Approval: _____ Date: _____

Refund denied (reason): _____