

FINAL COMPLIANCE REPORT AND DEPOSIT REFUND REQUEST

CITY OF FOSTER CITY

CONSTRUCTION AND DEMOLITION ORDINANCE
Submit following completion of project. Attach documentation (legible copies of receipts, weight tags, etc.)

Construction and Demolition (C&D) Projects								
Check One:	New Construction			Alteration (Addition/Remodel/Tenant Improvement) Full De			molition	
Project Site Address:					Permit #:			
Project Contact Name:					Final Date:			
Project Contact Phone:					SqFt Added/Modified:			
Project Contact Email					Permit Valuation:			
Describe work performed:					# of Receipts:			
SUMMARY OF ACTUAL QUANTITIES GENERATED (From Facility Receipts)								
Mixed Construction Debris								
			T*%	T-R				
Type of Material	Quantity (Tons)	Facility Diversion Rate	Recycled (Tons)	Disposed (Tons)	Disposal or Recycling Facility Used (example ABC debris box to XYZ recycling facility)			
Mixed C&D (Interior)	T	%	R	D				
Mixed C&D		%						
Mixed Inerts		%						
Source Separated Materials (not Mixed C&D)								
Asphalt, Dirt/Fill, Concrete, Brick, Wood/Lumber, Roofing Material, Metals (Scrap), Green Waste, Sheetrock, Other								
		100%						
		100%						
		100%						
		100%						
		100%						
		100%						
Salvage/Reuse is encouraged	To include salv	100%	e as nart o	of the diver	sion calculation, include a salvage inventory list	or letter	summarizing	
Salvage/Reuse is encouraged. To include salvage/reuse as part of the diversion calculation, include a salvage inventory list or letter summarizing material salvaged for reuse.								
Waste Generation / Diversion Summary								
Column Totals	Т		R		A minimum of 65% diversion is required for full deposit refund. Regardless of the minimum diversion requirement, for all projects			
Actual Overall Diversion Rate (R	/т)				applicant shall optimize the amount of diverted	l materia	l.	
Original Deposit Paid:					From Before Permit form \$ Official Use Only			
Portion of Refund Due:							l Use Only %	
Amount of Refund Due							ial Use Only	
Applicant/Contractor/Owner Name:				Applicant/Contractor/Owner Signature			Date	
Refund Check to be made payable to:				Approved by:			Date:	
Address to send deposit refund to: (incomplete address may result in forfeiture of deposit)				City:			Zip:	