



## CITY OF LA CAÑADA FLINTRIDGE APPLICATION FOR WASTE GENERATOR WAIVER

For information on **Waste Disposal and Recycling**, please see the City's website at: <https://cityoflcf.org/public-works/waste-disposal-recycling/>

For **Rules and Regulations** regarding Recycling and Organic Waste Disposal, please see **§9.15** of the Municipal Code. Nothing in the **Rules or Regulations** prohibits an organization or entity from preventing waste generation, managing organic waste on-site or using a community-composting site.

Approved waivers are valid for up to five years.

### APPLICANT

**Organization:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### WAIVER TYPE

*Please select all that apply.*

- Waste Generation of Two Cubic Yards or more, and Organic Generation of Less than 20-gallons.**  
The subscribed solid waste collection service is two cubic yards or more per week and organic waste collection in a blue or green container comprises less than 20 gallons per week per applicable container of the business' total waste.
- Waste Generation of Two Cubic Yards or less, and Organic Generation of Less than 10-gallons.**  
The subscribed solid waste collection service is less than two cubic yards per week and organic waste collection in a blue or green container comprises less than 10 gallons per week per applicable container of the business' total waste.
- Lack of Adequate Space**  
There is not adequate space for separate organic containers. A hauler, licensed architect, or licensed engineer has determined that there is not adequate space for separate organic waste containers.

### SERVICE TYPE

*Please select all that apply.*

- Blue Container Services**, including plastics, glass, and paper.
- Green Container Services**, including landscape debris, organic recycling, and food waste.

## ACKNOWLEDGMENTS

*Please initial in agreement next to each statement on the left.*

\_\_\_\_ I have attached documentation demonstrating that the organic waste generation is below the minimum threshold for services and/or documentation certifying there is not adequate space for containers.

\_\_\_\_ I will notify the City if circumstances change such that Commercial Business's Organic Waste exceeds the threshold required for waiver.

\_\_\_\_ I understand that the waiver may be rescinded if waste generation or site conditions change.

\_\_\_\_ I understand that failure to provide complete and accurate information can result in the cancellation of an approved waiver.

\_\_\_\_ I understand that any violation of the City's Municipal Code may result waiver being rescinded and may result in fines subject to section **§9.15.150**.

I, as undersigned and responsible party, have read the Rules and Regulations and hereby agree to abide by them. I further agree and understand that violations of the rules and regulations set forth could result in a suspension of an approved waiver.

**Name (Printed):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Please submit completed application to Joshua Jeffrey, Management Analyst at [jjeffrey@lcf.ca.gov](mailto:jjeffrey@lcf.ca.gov). For more information or questions, please contact the Public Works Department at (818) 790-8882.

## FOR OFFICE USE ONLY

**Approved**      **Date:** \_\_\_\_\_

**Denied**      **Reason for Denial:** \_\_\_\_\_

**Name (Printed):** \_\_\_\_\_ **Signature:** \_\_\_\_\_