



SB 1383 SOLID WASTE & RECYCLING REGULATIONS WAIVER REQUEST FORM OVERVIEW

Effective January 1, 2022, all commercial businesses in the City of La Cañada Flintridge, including multi-family residential properties, must comply with all State of California-mandated (SB 1383) recycling and organic waste recycling provisions. Certain commercial businesses may qualify for waivers from these mandatory program requirements; however, only businesses that have requested and received a waiver from the City can avoid mandated participation in recycling and organic waste recycling programs through a franchise-hauler program. If a waiver is not approved by the City, your business will be required to subscribe to mandated services immediately.

If your business wishes to file for an exemption (waiver) from SB 1383 requirements, the SB 1383 Waiver Application must be completed in its entirety. All requested information must be filled in for the City to consider your waiver request.

Businesses granted specified categorical waivers will be exempted for a five-year period from those state requirements related to the type of exemption(s) requested. Waivers must be requested for each type of exemption you believe applies to your business. To remain exempt, state law requires your business to provide written verification of eligibility to the City every five years. In addition, during each of your five-year exemption periods, state law requires you notify the City any time the volume of waste generated at your business increases beyond the qualifying waste-generation threshold for any waiver granted, or any other relevant circumstances change.

On the SB 1383 Waiver Application, businesses applying for a waiver must indicate the type of waiver they are claiming by selecting the appropriate waiver type and providing the requested information. There are two types of waiver requests, which are as follows:

1. <u>DE MINIMIS WAIVER</u>	2. <u>SPACE CONSTRAINT WAIVER</u>
<p>Commercial businesses (excluding multifamily properties) that generate a limited amount of organic waste may apply for a "de minimis" waiver, if they either:</p> <p>A. have total solid waste collection service of two cubic yards or more per week, and of which organic waste subject to collection in a blue container (recycling) or green container (organic waste recycling) comprises less than 20 gallons per week per container of the business's total waste, or;</p> <p>B. have a total solid waste collection service of less than two cubic yards per week and organic waste subject to collection in a blue container or green container comprises less than 10 gallons per week per applicable container of the business's total waste.</p>	<p>If your site genuinely lacks adequate space to place separate recycling and/or organic waste recycling container(s), you may apply for a space constraint waiver.</p> <p>To qualify, businesses and property owners must demonstrate space constraints that cannot be addressed through downsizing containers, using split containers, or other solutions. Businesses or property owners must first confer with the City to consider all feasible solutions to the space constraint.</p> <p>State regulations allow the City to waive compliance with some or all the recyclable materials and/or organic waste collection service requirements only if the City has confirmed through evidence from its own staff, a hauler, licensed architect, or licensed engineer that the premises lacks adequate space for the containers otherwise required.</p>



CITY OF LA CAÑADA FLINTRIDGE APPLICATION FOR WASTE GENERATOR WAIVER

APPLICANT

Organization: _____

Physical Address: _____

Mailing Address (if different): _____

Phone: _____ **Email:** _____

SERVICE TYPE

Please select all Service Types being applied for.

- Dry Recycling (Blue Container) Services**, including paper and cardboard, plastics, glass, and metal.
- Organic Waste (Green Container) Services**, including landscape debris, organic recycling, and food waste.

WAIVER TYPE

Please select all Waiver Types being applied for.

Check the appropriate box(es) and provide answers to ALL questions for the requested waiver type(s)

DE MINIMIS WAIVER

1. If Dry Recycling is selected above, how much dry recycling does your organization generate per week:

- Less than 10 gallons
 Less than 20 gallons

2. If Organic Waste is selected above, how much organic waste does your organization generate per week:

- Less than 10 gallons
 Less than 20 gallons

SPACE CONSTRAINT WAIVER

1. Have you ever worked with your solid waste collection service provider to adjust container sizes to resolve space constraint issues? (i.e. requested smaller bin sizes or split bins for recycling and trash, etc. to resolve space constraints) **YES** **NO**

2. Do you have documentation from your hauler showing that space constraints preclude placement of required recycling and/or organic waste recycling containers? (This must be provided in order to receive approval for this waiver) **YES** **NO**

ACKNOWLEDGMENTS

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

____ I understand an assessment from my hauler demonstrating that dry recycling and/or organic waste generation is below the minimum threshold for services and/or documentation certifying there is not adequate space for containers is required.

____ 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 in 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 suspension of an approved waiver.

Name (Printed): _____ **Date:** _____

Signature: _____

Address: _____

Phone: _____ **Email:** _____

Please submit completed applications to solidwaste@lcf.ca.gov. For more information or questions, please contact the Public Works Department at (818) 790-8882.

For additional information on Waste Disposal and Recycling, please see the City's website at: <https://lcf.ca.gov/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 from preventing waste generation, managing organic waste on-site or using a community-composting site.

Approved waivers are valid for up to five years.

FOR OFFICE USE ONLY

Blue Container Services

Approved Denied

Green Container Services

Approved Denied

Approval Date: _____

Yr1 Review _____

Yr2 Review _____

Yr3 Review _____

Yr4 Review _____

Yr5 Review _____

Denial Reason(s)/Comments: _____

Name/Title: _____ **Signature:** _____