

**BUTTE COUNTY DEPARTMENT OF DEVELOPMENT SERVICES-BUILDING
CONSTRUCTION DEBRIS RECOVERY PLAN: Pre-Construction**

Building permit will not be issued until completed plan submitted

Submit completed form in person or by
mail or fax to:
Butte County Development Services-
Building
7 County Center Drive
Oroville, CA 95965
Phone: (530)538-7601
Fax: (530)538-2140

APN: _____ Building Permit # _____

Owner Name: _____

Owner Mailing Address: _____ Owner Phone: (____) _____

Jobsite Address: _____ Project Sq. Ft.: _____ Project Type: Construction Demolition

Jobsite Contact: _____ Company: _____ Jobsite Phone: (____) _____

Brief description of project: _____

By signing below, I acknowledge that I am responsible for complying with the requirements of Ordinance 2006-3925 (Chapter 31, Article VII) related to recovery of construction and demolition debris and the lack of compliance may result in delays in issuance of building/demolition permit(s), hold on final inspection(s) and/or penalties.

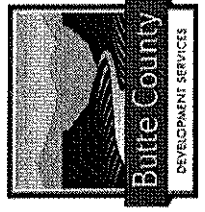
Applicant: _____ Date: _____
(Owner / Contractor) Signature: _____ (2)

| MATERIAL (1) | Reuse | Recycle | Dispose | FACILITIES/SERVICE PROVIDERS TO BE USED (3) |
|------------------------------------|-------|---------|---------|---|
| Inert Material (Concrete, asphalt) | | | | |
| Lumber | | | | |
| Plant/Tree Debris | | | | |
| Dry Wall | | | | |
| Metal | | | | |
| Cardboard | | | | |
| Other: _____ | | | | |
| Other: _____ | | | | |

Recovery Plan approved: _____ Date: _____

(Building Division)

Please refer to the Butte County online Recycling Directory for local recycling service providers at: www.RecycleButte.net.



BUTTE COUNTY DEPARTMENT OF DEVELOPMENT SERVICES-BUILDING CONSTRUCTION DEBRIS RECOVERY FINAL REPORT

Final inspection will not be scheduled until completed report submitted

Submit completed form in person or by mail to:
Butte County Development Services-Building
7 County Center Drive
Oroville, CA 95965

APN: _____ Building Permit # _____

Owner Name: _____ Owner Phone: (____) _____

Jobsite Address: _____ Project Type: Construction Demolition

Jobsite Contact: _____ Company: _____ Jobsite Phone: (____) _____

| MATERIAL | Reuse Tonnage | Recycle Tonnage | Disposal Tonnage | ACTUAL FACILITIES/SERVICE PROVIDERS USED |
|------------------------------------|---------------|-----------------|------------------|--|
| Inert Material (Concrete, asphalt) | | | | |
| Lumber | | | | |
| Plant/Tree Debris | | | | |
| Dry Wall | | | | |
| Metal | | | | |
| Cardboard | | | | |
| Other: _____ | | | | |
| Other: _____ | | | | |

Total tons of material disposed of (not recycled or reused) _____

Total tons of material not disposed (either recycled or reused) _____

Percent recycled/reused _____ %

Attach copies of weight receipts, gate tags, or other verifying information for all materials that were reused, recycled or disposed.

Please sign indicating that the above information is true and correct to the best of your knowledge:

Applicant: (Owner or Contractor): _____ Date: _____
Circle which

Final Report returned with comments: _____ (Initial) _____ Date: _____

Final Report approved: (Building Inspector) _____ Date: _____

