

**CITY OF BREA
SELF-HAUL PERMIT APPLICATION – RECYCLING AND ORGANIC WASTE**



Submit to:

City of Brea
Public Works Department
1 Civic Center Cir
Brea CA 92821

Recycle Brea Contact:

(714) 990-7691
recyclebrea@cityofbrea.gov

SECTION ONE: SELF-HAUL PERMIT REQUIREMENTS

This form is to certify the business or property listed on the application does not have non-organic waste and/or organic waste recycling services provided by the City's franchised hauler, Republic Services, and instead has arranged for recycling services by Self-Hauling to approved facilities, Back-Hauling to another self-owned facility of affiliate that recycles/composts materials, or contracting with a Third-Party Recycler.

California Senate Bill 1383 (SB 1383) requires that organic waste be diverted from landfills by means of recycling and/or composting. If you need to find recycling facilities, visit www.oilandfills.com/hazardous-waste/business-hazardous-waste-referrals or CalRecycle's website at www2.calrecycle.ca.gov/wheretorecycle/ for options.

The self-hauler permit does not apply to refuse, is non-transferable, and may be suspended or revoked if the self-hauler does not comply with the following requirements:

- Per State law and Brea City Code §8.56.080, commercial and multi-family generators that are approved to self-haul must keep a record of the amount of Non-Organic Waste and Organic Waste delivered to each recycling center, composting facility, and/or High Diversion Organic Waste Diversion Facility.
- This record shall be subject to inspection by the City. **The records shall include the following information:**
 1. If self-hauling/back-hauling: Provide proof of ownership of the vehicle to be used in transporting recyclable materials and/or organic waste. Provide proof of vehicle registration and vehicle insurance to be used in transporting recyclable materials and/or organic waste.
 2. If using a third-party hauler: Provide proof that there are no charges/fees associated for recycling and/or organics recycling services.
 3. City of Brea Business License number.
 4. Provide receipts and weight tickets from the facility/entity accepting the waste.
 5. The amount of material in cubic yards or tons transported by the generator to each facility/entity.
 6. Provide proof of contracts/agreement between the generator and alternative service recycling at the site for verification during inspection.
 7. Provide documentation of container(s) to be used on-site for recyclable and/or organic storage
- Permittees will be subject to periodic site visits, inspections, and investigations from the City and/or its designee to ensure permittee is adhering to rules set forth in the Brea City Code § 8.56.130.
- It is the responsibility of the Permittee to renew the self-haul application with the City if there is a change in ownership of the property. Self-haul permit renewal is dependent on being able to prove and document weekly disposal at a regulated waste facility.

PLEASE NOTE: Utilizing a bin or container from another company is a violation of the City's franchise waste hauling agreement with Republic Services and may be subject to an immediate revocation of self-haul status.



SECTION TWO: COMPLETE COLLECTION INFORMATION

Republic Services is servicing my property to dispose and/or recycle the following materials:

Check all that apply

- Trash Non-Organic Waste Recyclables Organic Waste Recyclables (food and/or yard waste)

Please describe the frequency of pickup for these materials: _____

Instead of using Republic Services, this property is requesting to self-haul these covered materials:

Check all that apply

- Paper Only Co-mingled Recyclables (glass, plastics {1-7}, metals, paper, and cardboard)
 Cardboard Only Green Waste (landscape/yard trimmings, prunings, wood waste)
 Food Waste (food scraps/waste and food-soiled paper)

Please check the appropriate box. All Covered Materials generated at this address are:

- SELF-HAULED** means the material(s) are being collected and transported (hailed) by the owner/employee of the business/property to a recycling facility where the materials are donated or sold. **Receipts/Weight ticket copies of all transactions must be provided to the City upon request.**
- BACK-HAULED** means the material(s) are being collected and transported (hailed) by the owner/employee of the business to a central or corporate location owned and operated by the business using the business’s own employees, vehicles and equipment which then recycles and/or composts the materials. **Receipts/Weight ticket copies of all transactions must be provided to the City upon request.**
- COLLECTED BY A CONTRACTED THIRD PARTY** means the material(s) are being collected and transported (hailed) by a Third-Party that has a contract with the business or property, who collects and recycles all generated material (this may include landscapers who recycle your green waste/landscape trimmings). **Receipts/Weight ticket copies of all transactions must be provided to the City upon request.**

SECTION THREE: APPLICANT INFORMATION

BUSINESS/MULTI-FAMILY PROPERTY NAME:	
TYPE OF BUSINESS: <input type="checkbox"/> Multi-Family Complex <input type="checkbox"/> Food Service/Restaurant <input type="checkbox"/> Offices <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturer <input type="checkbox"/> Supermarket/Grocery <input type="checkbox"/> Other (specify) _____	
CITY OF BREA BUSINESS LICENSE #:	
SERVICE LOCATION ADDRESS:	
ZIP CODE:	NUMBER OF EMPLOYEES/TENANTS:
Select the description that applies to you:	
I am the Business/Multi-Family Property Owner <input type="checkbox"/>	I am the Business/Multi-Family Property Tenant <input type="checkbox"/>

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CONTACT NAME:	TITLE:
PHONE:	E-MAIL:

PROPERTY OWNER NAME:		
BILLING ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE:	E-MAIL:	

For all Self-Hauling, Back-Hauling or Contracting with a Third-Party Recycler Applications, please identify the compost/recycling facility (or facilities) where your recyclable materials and/or organic materials are being transported (attach separate sheets for additional facilities):

Name of Facility: _____

Address/City/Zip Code: _____

Phone: _____

Types of materials collected: _____

SECTION FOUR: APPLICANT CERTIFICATION

By signing below, I agree to comply with the self-haul permit requirements as listed above and attest that all non-organic waste recyclables and organic waste recyclables generated at this property will be taken to facilities (recycling center, composting facility, and/or High Diversion Organic Waste Diversion Facility) for processing. I certify that all self-hauling, back-hauling and/or activities will be completed in accordance with applicable laws, and declare the statements above are true and correct. I understand that approved Self-Haul Permits expire five years after the signature date below and upon the property changing ownership, at which time a new application will need to be filed. Failure to adhere to these Self-Haul Permit requirements and applicable laws may result in revocation of this permit. In such an event, this property or business will be required to participate in the recycling programs of the City's franchise hauler, Republic Services, and will receive the appropriate containers.

Applicant/Owner Signature

Date



FOR INTERNAL USE ONLY

PERMIT APPROVAL:

YES; PERMIT#: _____ DATE ISSUED: _____

NO; REASON: Business does not have a valid business license on file

Signature from business representative missing

Other: _____

CITY OFFICIAL SIGNATURE

DATE

**CITY OF BREA
SELF-HAUL PERMIT WEIGHT TICKET REPORT**



Name: _____ Service Address Location: _____

Instructions: If requested by the City, complete this form and submit with supporting original weight tickets. Your information must be consistent with the original weight tickets.

Month: _____ Year: _____

Ex:

Week of	Ticket #	Disposal/Recycling Facility Location	Trash Weight (lbs.)	Recyclables Weight (lbs.)	Organic/Food Waste Weight (lbs.)	Total Weight (lbs.)
5/1 – 5/5	12345	CVT Recycling Center	-	-	175	175

*Please include data for months with five Mondays

Month: _____ Year: _____

Week of	Ticket #	Disposal/Recycling Facility Location	Trash Weight (lbs.)	Recyclables Weight (lbs.)	Organic/Food Waste Weight (lbs.)	Total Weight (lbs.)

*Please include data for months with five Mondays

Month: _____ Year: _____

Week of	Ticket #	Disposal/Recycling Facility Location	Trash Weight (lbs.)	Recyclables Weight (lbs.)	Organic/Food Waste Weight (lbs.)	Total Weight (lbs.)

*Please include data for months with five Mondays

I hereby attest that the information in this form is true and accurate.

Print _____ Signature _____ Date _____