

**Los Angeles County Public Works
Organic Waste Subscription Physical Space Waiver**

Applicant Name:	Phone Number:	E-mail (if available):
Property Type: <input type="checkbox"/> Business <input type="checkbox"/> Residential <input type="checkbox"/> Multifamily; # of units:		
Business Name (if applicable):		Phone Number:
Plaza Name (if applicable):		No. of Businesses (if applicable):
Street Address (No P.O. Boxes):		
City:		State: Zip Code:
Mailing Address (if different):		
City:		State: Zip Code:

Service Levels

Service Type: Trash Recyclable Organic	Container Type (Cart or Bin/Dumpster)	No. of Containers	Container Size (in Gallons or Cubic Yards)	Frequency (Number of times serviced per week)

Waiver Documentation

I have tried the following to accommodate the three (3) containers on site:

- Relocation
- Rearrangement
- Expansion of storage area
- Reaching out to my waste hauler for assistance:

Date Discussed: _____ Site Visit: Yes No

Reason(s) for Waiver Request:

Complete all that apply and attach documentation as needed. Follow-up by Public Works (or designee) and/or site visits may be required before a provisional waiver is granted.

1. Insufficient space for a separate organic waste container.
Describe the set-up, reasons for lack of space, and attach pictures that may support your request.

2. Containers are stored inside an enclosure.
Is there room to add bins? Would the current number of bin(s) satisfy the need for organic waste collection?

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3. How many 96-gallon bins would you need to service your organic waste and how many times per week would the containers need to be picked up?

4. Are you sharing containers with other businesses, properties, or residents?
Describe set-up, waste generated, and how this impacts your ability to comply. Attach pictures that support your findings.

Terms and Conditions

I, the waiver applicant, understand and agree to the following:

1. I am subject to periodic site visits from Public Works staff (or designee) to confirm the facts provided above and compliance therein.
2. Qualification for this waiver is a temporary allowance for compliance and once the waiver expires, I will be required to comply with the Mandatory Organic Waste Disposal Reduction Ordinance.
3. I will provide proof of progress towards compliance at a minimum of once per year, or more frequently if requested by Public Works.
4. If the application is found to be incomplete, then I have 30 days from being notified of the incomplete status to complete the application. If the application is not completed within this timeframe the application may be denied.
5. If denied a waiver, then I may reapply 12 months following the issuance of the last denial (or the date the waiver was revoked).
6. Additional documentation may be requested by Public Works at any time.
7. This is a temporary waiver and may be revoked by Public Works at any time, with or without cause.

I declare that I, the owner, property manager, or their designee, am the responsible party who has read this document and that the facts stated herein are true to the best of my knowledge.

Signature:	
Print Name:	Date:

For County Use Only	
<input type="checkbox"/> Application is recommended for approval. <input type="checkbox"/> Application is not recommended for approval. Reason(s) as follows: 	
Liaison Reviewer:	Date Reviewed:
Final Approver:	Date Approved: