Los Angeles County Public Works
Organic Waste Subscription Physical Space Waiver

Applicant Name (required):	Phone # (required):	E-mail (if available):
Property Type: ☐ Business ☐ Residential ☐ 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: - Bin/Dumpster - Cart	Number of Containers	Container Size: - Gallons - Cubic Yards	Frequency (Number of times serviced per week)

Waiver Documentation

I have tried to accommodate adding the organic waste container on site. Check all that apply.

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

Date Discussed with Hauler: _____ Site Visit: ☐ Yes ☐ No

Reason(s) for Waiver Request:

Complete all and attach documentation include photos of your space. Follow-up by Public Works (or designee) and/or site visits may be required before a provisional waiver is granted.

1. Is this property a business or residence? How much and what kind of organic waste is generated by your business or occupants?

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

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3. Containers are stored inside an enclosure. *Is there room to add bins? Could the organic container be stored somewhere else?*
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 request.*

Terms and Conditions

I, the owner, property manager, or their designee, understand and agree to the following:

1. I am subject to periodic site visits from Public Works staff (or designee such as my waste hauler) 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. Public Works reserves the right to revoke the waiver at any time.
8. I understand that every five years from the issuance of this waiver, I will be contacted by Public Works to reinstate my application, where Public Works or the designated hauler has the right to verify through inspection if the business is consistent in complying with Section 18984.11 of the Short-lived Climate Pollutants (SLCP): Organic Waste Reductions regulations.

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	
☐ I recommend applicant for a waiver. ☐ I do not recommend applicant for a waiver. Reason(s) as follows:	
Liaison Reviewer:	Date Reviewed:
Final Approver:	Date Approved:

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