

SOLID WASTE DIVERSION PLAN RECOVERY REPORT: Post-Construction/Post-Demolition

FINAL INSPECTION WILL NOT BE SCHEDULED UNTIL COMPLETED REPORT IS SUBMITTED

APN: _____ Building Permit #: _____

Owner Name: _____ Jobsite
 Address: _____ Owner
 Phone: (____) _____

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

Submit completed form to:



City of Hollister Development Services
 339 Fifth Street, Hollister, CA 95023
 831-636-4355; Fax: 831-636-1834
 www.hollister.ca.gov

MATERIAL	Reuse	Recycle	Dispose	ACTUAL FACILITIES/SERVICE PROVIDERS USED	WEIGHT (TONS)
Asphalt					
Brick					
Cardboard					
Concrete					
Dirt					
Dry Wall					
Lumber					
Wood					
Plant Debris					
Tree Debris					
Rock/Stone					
Metal					
Other: _____					
Other: _____					

Total tons of materials disposed of (not recycled or reused):

Total tons of materials not disposed of (either recycled or reused):

Percent recycled/reused: %

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

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

Owner Signature _____

Date _____

THANK YOU FOR YOUR EFFORTS TO REDUCE WASTE AND SAVE NATURAL RESOURCES