

**ROOFING PROJECTS
FINAL COMPLIANCE REPORT / DEPOSIT REFUND REQUEST**

Construction and Demolition Ordinance

Submit following completion of project. Attach documentation (copies of receipts, weight tags, etc.)

Commercial:

Residential:

Permit #: _____

Project site address: _____

of squares: _____

Project Contact: _____

Phone: _____

Contractor: _____

Phone: _____

1. Briefly describe work performed: _____

2. What vehicle type was used to haul materials? (Circle all that apply: Debris box, trailer, dump truck, pick up truck)

3. Number of Facility Receipts enclosed: _____ (please attach original or legible facility receipts)

ACTUAL QUANTITIES -- From Original or Legible Facility Receipts						
HOW AND WHERE WERE MATERIALS RECYCLED?						
Type of Material (Mixed C&D, Roofing, Other)	Quantity (Cu. Yds)	Quantity (Tons)	Facility Diversion Rate (%)	Recycled (Tons)	Disposed (Tons)	Disposal or Recycling Facility Used (example: ABC debris box to XYZ recycling Facility)
			%			
			%			
			%			
Waste Generation/Diversion Summary						
Column Totals	YD	T	%	R	D	
Overall Diversion Rate (%)			%			

Signature of applicant/contractor/owner: _____

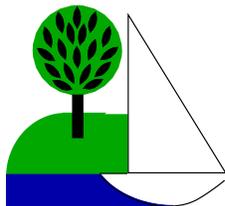
Approved by: _____

Name of who deposit refund will be paid to: _____

Date: _____

Address to send deposit refund to: _____

SPECIAL PAYMENT DEMAND



TO:
 Name (for Check): _____
 Street Address: _____
 City, State, Zip: _____
 Phone: _____

City of Foster City
 ESTERO MUNICIPAL IMPROVEMENT DISTRICT
 610 Foster City Boulevard
 Foster City, CA 94404

The Building Inspection Division collects a refundable deposit from anyone whose project qualifies under the C&D Ordinance. All recycling under this building permit has been completed. Issue refund of deposit to applicant, named above.

DATE REQUESTED:	DEPARTMENT: CDD	ACCOUNT #: 129-0000-249-2000
ORIGINAL DEPOSIT: \$	METHOD OF PAYMENT:	BUILDING PERMIT #:
DESCRIPTION		AMOUNT
Deposit Refund Request Construction & Demolition Recycling Percent Recycled: _____% out of 50% minimum required. Calculation: _____% = _____ x \$ _____ = \$ _____ 50% (Decimal) (Original Deposit) (Refund Amount) (if ≥ 1.0, then 100% refund)		TOTAL \$

I hereby certify that funds are available for payment and this expenditure is necessary and properly chargeable to the above appropriations.

I hereby approve this expenditure payment.

Department Head

Finance Director