



Building Division
(650) 991-8061

City of Daly City
C&D Deposit Refund Request

Receipts for salvage/recycling and disposal diverted from landfill through recycling or reuse, must be submitted upon completion of project to initiate deposit refund process. This refund request must be completed, signed and submitted, with receipts or other supporting documentation attached, to the Building Division within 180 days of final inspection approval. Refunds will be issued to permit applicant unless otherwise directed on this form.

PROJECT INFORMATION	
PERMIT NUMBER: _____	DATE: _____
PROJECT ADDRESS: _____	
Was this permit for Demolition? Yes <input type="checkbox"/> No <input type="checkbox"/> Did you use a salvage company? Yes <input type="checkbox"/> No <input type="checkbox"/>	
RECYCLING C&D DEBRIS	
MATERIAL	LIST NAME FACILITY (ATTACH RECEIPTS)
<input type="checkbox"/> MIXED C&D <input type="checkbox"/> INERTS: Asphalt, bricks, concrete, dirt, other inert solids <input type="checkbox"/> OTHER: Cardboard, metals, wood, roofing, carpet, drywall, green waste	
SALVAGE AND REUSE	
What materials were saved for use somewhere else? _____	
What materials were reused on site and how? _____	

NOTE: Effective 1/2/2014, a \$25 administrative fee will be retained on C&D deposit refunds.

PERMIT APPLICANT CERTIFICATION	REFUND WILL BE ISSUED TO THE PERMIT APPLICANT. TO CHANGE REFUND RECIPIENT, PERMIT APPLICANT MUST COMPLETE THIS SECTION.
<p>I certify that the information provided with this refund request represents the disposition of the construction and demolition debris materials generated from this project in accordance with Daly City's requirements. Furthermore, I certify this information represents materials generated only from the project listed above.</p>	<p>TO CHANGE OF REFUND RECIPIENT COMPLETE THIS PORTION</p> <p><i>As permit applicant, I hereby direct any C&D refund to be issued to the name and address listed below:</i></p>
PERMIT APPLICANT NAME PLEASE PRINT	PERMIT APPLICANT SIGNATURE
SIGNATURE	NEW REFUND RECIPIENT (PLEASE PRINT) <input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR
COMPANY NAME	NAME
MAIL ADDRESS	COMPANY NAME
	MAIL ADDRESS
PHONE	
	PHONE

FAX OR MAIL COMPLETED FORM WITH RECEIPT(S)

FAX TO: (650) 991-8070

MAIL TO: C&D Refund, Building Division, City of Daly City, 333 90th Street, Daly City, CA 94015-1895