

**SF Environment**

Our home. Our city. Our planet.

A Department of the City and County of San Francisco



FORM D
REQUEST TO CHANGE
FACILITIES OR TRANSPORTERS
APPROVED ON CONSTRUCTION & DEMOLITION DEBRIS MANAGEMENT PLAN

City and County of San Francisco

Environment Code 7; Ordinance No. 204-11; SFE Regulation No. SFE13-03-GB

If an unforeseen circumstance requires a change to the Facilities or Transporters named and approved on the original Construction & Demolition Debris Management Plan (CDDMP), the Contractor may use this form to submit a written request to the City Representative **for approval prior to** the change being made.

Section 1: Project Information		City Department	
1. Project Name:		2. Project/Job Number:	3. Reporting Period:
4. Project Street Address:		5. City & County (if not in SF):	
6. Contractor's Company Name:			
7. Contractor's Address:		8. City, State, Zip Code:	
9. Contractor's Contact:		10. Contact's Title:	
11. Office Phone:	12. Cell Phone:	13. e-mail:	

Section 2: FACILITY CHANGE REQUESTFrom original, approved plan:

Name of facility _____ Type of material _____ Approximate tons _____

New Facility Requested:

Name of facility _____ Location _____ Approximate tons _____

Please explain why this change may be necessary. Use an additional sheet if necessary. If material has been determined to be hazardous, please attach written determination or other verification from an independent professional.

Section 3: TRANSPORTER CHANGE REQUESTFrom original, approved plan:

Name of Transporter _____ Material hauled _____ Approximate tons _____

New Transporter Requested:

Name of Company _____ Material hauled _____ Approximate tons _____

Please explain why this change may be necessary. Use an additional sheet if necessary.

(PLEASE COMPLETE THE BACK PAGE OF THIS REQUEST)

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING AND INFORMATION IN ALL ATTACHMENTS ARE TRUE AND CORRECT. IF THIS REQUEST IS APPROVED I AGREE TO USE THE NEW FACILITIES AND/OR TRANSPORTERS NAMED.

Submitted by: _____ Title: _____

Signature: _____ Date: _____

Submittal Instructions:

Request due to unforeseen circumstances occurring during the project affecting disposition of the material: Send completed and signed form to City Representative. City Representative will submit form to Department of the Environment.

For questions regarding completion of this request, please contact the City Representative.

FOR OFFICIAL CITY USE ONLY

DATE REQUEST RECEIVED _____

APPROVED _____ NOT APPROVED _____ DATE _____

COMMENTS _____

NAME _____ SIGNATURE _____ TITLE _____