

Registration for Construction and Demolition Debris Recycling or Disposal Facility Application



OWNER/OPERATOR CORPORATION		
Full Corporate Name		Federal ID
Permanent place of business: (Street, City, State, Zip)		Phone
Local Office Address: (Street, City, State, Zi	p)	Phone
Corporate Officers: (Names)		
President	Vice-President	
Secretary	Treasurer	
Office Manager		
OWNER/OPERATOR PARTNERSHIP		
Partnership Name		Federal ID
Business Address: (Street, City, State, Zip)		Phone
Name and Address of Partners (both General	and/or Limited)	Phone





OWNER/OPERATOR INDIVIDUAL OW	NER	
Name of Owner		
Address: (Street, City, State, Zip)		Phone
CONTACT INFORMATION		
Primary Contact Person and Title for All Corr	respondence	Phone
E-mail Address	Mobile Phone	
RECYCLING / DISPOSAL FACILITY LO	OCATION	
Site Address for C&D Recycling or Disposal	Facilities Owned in O	kaloosa County
FDEP Permit No. (A copy of any State permit facility for Recycling or Disposal of Construct application)	-	_
Types of Processing / Operations Performed ((e.g., crushing, grinding	g, sorting, baling, final disposal, etc.)
CERTIFICATIONS (PLEASE INITIAL A	FTER EACH)	
Applicant acknowledges that all information provided through within fifteen (15) calendar days of the change	the term of the regist	•
Applicant acknowledges the registration being issuance(Initial)	ng applied for is valid	d for a one year period from date of



mailed to:



Applicant acknowledges that it shall meet all applicable conditions and requirements as set forth in the County Code of Ordinances. More specifically:

- 1. The Registrant shall provide the County on a monthly basis with the weight of material disposed of or recycled at the off-site disposal site.
- 2. All materials disposed of within a Construction and Demolition Debris disposal site, unless otherwise exempted, must be accounted for in terms of the weight (in tons) disposed of. This may be accomplished by actually weighing the material or by approximating the cubic yardage and converting to tons using conversion factors listed below:
 - a) Paper/brush/wood products: .06 tons/cy
 - b) Mixed loads: .18 tons/cy
 - c) Concrete/asphalt/masonry: .50 tons/cy
- 3. Such reports are due seven (7) calendar days from the end of the month which is being reported.
- 4. Such reports shall be available for inspection by representatives of the County during business hours. (Initial)

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Applicant understands that a registration may be revoked in accordance Chapter 11 of the Okaloosa County Code of Ordinances(l				
·	authorization on behalf of submit this application. I further			
certify that if approved, (insert busi	ness name), shall adhere to all			
requirements of Chapter 11, Article VI, Division 5 of the Okaloosa County Code of Ordinances, including				
reports to the County in a timely manner. I acknowledge that I have been provided a copy of Division 5.				
	Signature			
SUBMISSION				
The application packet may be submitted electronically via e-mail	For Office Use Only:			
to swregistration@co.okaloosa.fl.us . An application fee of \$25 is required for each application. Checks or Money	☐ Application			
Orders to be made payable to: "Board of County	☐ FDEP Permit			
Commissioners." Please request a read receipt for applications submitted electronically. Or the application packet	☐ Business License			
(including application fee and additional materials may be	☐ Application Fee			

Okaloosa Public Works Department Attn: Commercial Recycling Application 1759 South Ferdon Boulevard Crestview, FL 32536