



Public Works Department
11710 Telegraph Road, Santa Fe Springs, CA 90670
Phone: (562) 868-0511 | Email: publicworks@santafesprings.gov

SB 1383 WAIVER APPLICATION FORM

Business or Property Information

- Business/Property Name: _____ Business License No. _____
- Service Address: _____ Phone Number: _____
- Primary Contact Name: _____ Email Address: _____
- Business Type: ☐ Office ☐ Restaurant ☐ Industrial ☐ Retail ☐ Other: _____

Waiver Type Requested (check all that apply)

☐ De Minimis Waiver Eligible if the business generates: - Less than 10 gallons/week of organic waste including paper and cardboard (for businesses with total waste < 2 cubic yards), or - Less than 20 gallons/week of organic waste including cardboard and paper (for businesses with total waste ≥ 2 cubic yards)

☐ Physical Space Waiver: Eligible if the business has documented evidence that there is not adequate space to place the required recycling or organics bins.

☐ The business already recycles a significant portion of the solid waste generated. Required documentation: Name and contact information of third-party recycler utilized, receipts from recycling center. Must be reported to your hauler at least once per year.

☐ Property self-hauls recycling: Required documentation: receipts from recycling center, quarterly self-reporting form included with approval notice.

Supporting Documentation Required:

- For De Minimis: Provide 2–3 months of waste generation data, including photos, bin audits, or hauler verification.
For Space Waiver: Provide site plan, bin enclosure photos, or a letter from hauler.

I certify under penalty of perjury that the information provided is accurate to the best of my knowledge. I understand that:

- The waiver, if approved, is valid for up to five years but subject to annual review - I must report all self-hauled or third-party diverted materials annually. - All waivers are subject to on-site verification or inspection. - Waiver may be voided if City deems that there is enough organic waste generated.

Signature: _____ Name: _____ Date: _____

Staff Use Only

Weekly Level of Service: _____ / Estimated Gallons of Organics Per Week: _____ gall.

☐ Approved ☐ Denied: Reason: _____

Site Visit Conducted By: _____ Signature: _____

Notes/Conditions: _____

Reviewed By: _____ Signature: _____ Date: _____