



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 REQUEST
From 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 REQUEST
From 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:

Submit to the City Representative for review and approval. A copy should be sent to the Department of Environment at 1455 Market Street, Suite 1200, San Francisco, CA 94103, or email to mary.williams@sfgov.org.

For questions regarding completion of this request, please call the Department of the Environment at (415) 355-3700.

FOR OFFICIAL CITY USE ONLY

DATE REQUEST RECEIVED _____

APPROVED _____ NOT APPROVED _____ DATE _____

COMMENTS _____

NAME _____ SIGNATURE _____ TITLE _____