

PUBLIC WORKS DEPARTMENT
Environmental Resources Division

111 South Del Norte Boulevard
 Oxnard, CA 93030
 (805) 385-8060
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SB 1383 Special Conditions Waiver Application

California Senate Bill (SB) 1383 requires that commercial organizations and multi-family residential properties have recycling collection service in place for organic waste (i.e. food waste and yard waste).

Organizations that meet specific criteria can complete this application to obtain a waiver from organic waste collection service requirements. Staff will review the application and verify eligibility. Waivers must be recertified every five (5) years. Completed applications, along with accompanying photographic documentation, can be sent to recycle@oxnard.org or the address listed above. **Organizations can only apply for one condition.**

Organization: _____ **Contact Name:** _____

Phy. Address: _____ **Title:** _____

Oxnard Acct:#: _____ **Phone/Email:** _____

SB 1383 - Short-Lived Climate Pollutant Waiver Request

- De Minimis Waiver - where waste generation is two (2) yds³ or more per week, and generation of organic materials is less than 20 gallons per week. Or, where waste generation is less than two (2) yds³ per week, and generation of organic materials is less than 10 gallons per week.
- Physical Space Waiver - there is inadequate space to house containers on the premises. New construction is not eligible for this waiver. ***This waiver is for service only and does not pertain to the requirement to update or construct a trash enclosure to the latest City requirements.***

Select Applicable Condition Select only one	Explanation Provide an explanation of the reasons why this business is eligible for this waiver. Please provide as much detail as possible.	Service Level How many yards and how many days per week are the containers currently serviced.
<input type="checkbox"/> De Minimis Waiver <input type="checkbox"/> Physical Space Waiver		

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I declare that I, the owner/property manager (or designee), have read the foregoing document and that the facts stated herein are true to the best of my knowledge. I understand that by submitting this form, there is no guarantee that a waiver will be granted and that information will be confirmed independently by the City of Oxnard.

Signature: _____ **Date:** _____

By signing this form, I attest that the information provided is accurate to the best of my knowledge.

For Internal Use Only

Date Received: _____

Staff Initials: _____

Entered in database