

COLLECTION VEHICLE YARD PERMIT APPLICATION

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|--|---------------------------------|------------|
| Type of Application <input type="checkbox"/> 1. New Permit <input type="checkbox"/> 2. Revision of Permit <input type="checkbox"/> 3. Modification of Permit <input type="checkbox"/> 4. Exemption of Permit | FOR ENFORCEMENT AGENCY USE ONLY | |
| | Permit # | |
| | Date Received | Filing Fee |

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|--|--|--|-------------------------|
| General Description of Facility | Business/Facility Name | | Onsite Facility Contact |
| | Facility Address/Location | | Telephone/Fax |
| | 24 Hour Contact/Name | | Telephone |
| | Days and hours of operation | # of Collection Vehicles (LAMC 66.16.2.) | |
| | Describe any sorting activities performed onsite. | | |
| | Attach plot plan depicting onsite structures, improvements and vehicle locations (can be hand drawn) | | |

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|-----------------------------|---|---------|---------------|
| Operator Information | Owner of Land (Name) | Address | Telephone/Fax |
| | Operator (Name) | Address | Telephone/Fax |
| | Address where legal notice may be served. | | |

I hereby acknowledge that I have read this application and certify that the information given is true and accurate to the best of my knowledge and belief. In operating the collection vehicle yard, I agree to comply with the conditions of the permit and with the federal, state, and local enactments.

| | | | |
|---------------------------------|------|-------------------------------|------|
| Signature (Land Owner or Agent) | | Signature (Operator or Agent) | |
| Typed Name | | Typed Name | |
| Title | Date | Title | Date |

Applicant shall notify the LEA within seven working days if information presented herein changes.