

RECYCLING PLAN FOR DEMOLITION

Property Name _____

Property Address _____

Contractor Name _____

Contractor Address _____

Contractor Phone Number _____

Recycling Program Point-of-Contact _____

Phone Number _____ Building Type _____

Refuse Service Provider _____

Recycling Service Provider _____

RECYCLING METHOD USED: _____

RECYCLING MATERIALS INCLUDED IN THE RECYCLING PROGRAM:

_____ Lumber _____ Metal _____ Brick

_____ Aluminum Siding _____ Vinyl Siding _____ Cedar Siding

_____ Glass _____ Wood Products _____ Doors

_____ Copper Wiring _____ Plumbing, including PVC pipes

_____ Plastic film _____ Fluorescent bulbs

_____ Other measures: _____

SOURCE REDUCTION METHODS IMPLEMENTED:

_____ Compost yard waste

_____ Use fuel efficient vehicles and equipment

_____ Recycle oil and tires from vehicles and equipment

_____ Perform regular maintenance on all vehicles and equipment

_____ Properly dispose of hazardous material from the job site (asbestos, etc.)

_____ Other measures: _____

Signature of Responsible Party

One copy of this form must be completed and delivered to:

Mr. Jim Callahan, Chief Inspections
c/o Hammond Building Department
5925 Calumet Avenue
Hammond, IN 46320

Deliver second copy of this form to:

Ms. Rhonda Dowd
c/o Public Works
601 Conkey Street
Hammond, IN 46320