



# Re-Roofing Waste Application

City of Lakewood, Public Works  
 5050 Clark Ave, Lakewood, CA 90712  
 562-866-9771 ext. 2500  
 Email: Kvivanti@lakewoodcity.org

*Please complete for re-roofing material waste produced as a result of work performed in the City of Lakewood.*

## 1. CONTRACTOR/HOMEOWNER INFORMATION

Commercial:  Residential:  Building permit number: \_\_\_\_\_  
 Property owner name(s): \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Roof contractor firm name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Lakewood business license number: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Project site address: \_\_\_\_\_

## 2. RE-ROOFING INFORMATION

Briefly describe what work will be performed: \_\_\_\_\_

Estimated start date: \_\_\_\_\_ Estimated completion date: \_\_\_\_\_

I will be using EDCO Disposal to haul waste material for me: Yes  No

If not using EDCO, identify who will be hauling the roof debris: \_\_\_\_\_

If the roofing contractor owns their own roll-off, dump truck, trailer or pick-up truck, then proof of ownership is required to self-haul. Please email completed application and provide the following documents:

- 1) An image of the front of the vehicle with license plate visible.
- 2) Current proof of registration for the vehicle to be used to self-haul.
- 3) Current proof of insurance (including VIN) for the above vehicle.

If using your own vehicle to haul materials IT MUST BE ON PRIVATE PROPERTY, NOT THE PUBLIC RIGHT-OF-WAY.

**NOTE: Use of a sub-contractor for a roll-off is only permitted by EDCO Disposal. The city does not allow roll-offs from any disposal company other than EDCO Disposal. EDCO Disposal can be contacted at (562) 531-3054.**

### CHECK ALL THAT APPLY FOR THE EXISTING ROOF:

What material is the existing roof comprised of?							
<input type="checkbox"/>	Composition	<input type="checkbox"/>	Clay/Slate/Tile	<input type="checkbox"/>	Plastic polymer	<input type="checkbox"/>	Wood Shingle/Shake
<input type="checkbox"/>	Tar & Gravel	<input type="checkbox"/>	Bitumen	<input type="checkbox"/>	Metal	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Is there more than one existing roof? If so how many: _____			<input type="checkbox"/>	Estimate cubic yards or tons to be removed from existing roof: _____		

Number of squares removed: \_\_\_\_\_ What percentage of the roof materials will be recycled from this job: \_\_\_\_\_%

**3. WEIGHT CONVERSION TABLE INSTRUCTIONS**

Use the following weight conversion table to estimate material tonnage. This is NOT REQUIRED if owner or contractor uses EDCO Disposal for job site waste.

To convert total lbs. to tonnage, divide total lbs. by 2,000 (i.e. 2,200/2000 = 1.1 tons)

Sq. Ft. of roof \_\_\_\_\_ x \_\_\_\_\_ Lbs. / 2000 = \_\_\_\_\_ Tons

<b>Conversion Table</b>	
Composition	Sq. ft. of roof x 3lbs. / 2000 = tons
Clay	Sq. ft. of roof x 10lbs. / 2000 = tons
Plastic polymer	Sq. ft. of roof x 2lbs. / 2000 = tons
Wood/Shake shingle	Sq. ft. of roof x 2lbs. / 2000 = tons
Built up (Tar & Gravel)	Sq. ft. of roof x 6lbs. / 2000 = tons
Metal	Sq. ft. of roof x 3lbs. / 2000 = tons
Spanish clay tile	Sq. ft. of roof x 19lbs. / 2000 = tons
Concrete tile	Sq. ft. of roof x 12lbs. / 2000 = tons
Other:	Sq. ft. of roof x _____ / 2000 = tons

**4. RETURN FORM AND WEIGHT DISPOSAL RECEIPT(S) WITHIN TEN (10) DAYS OF COMPLETING WORK**

Please sign below, stating you will return the application with original weight disposal receipt(s), weight tags, data receipt(s) and/or invoices within 10 days after work has been completed in one of the ways listed below. I certify that all information on this form is true and correct.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

ELECTRONIC: Email copy of this application and receipts to kvivanti@lakewoodcity.org

MAIL: Copy of this application and receipts mailed to Public Works, 5050 Clark Ave, Lakewood, California 90712

For any questions please call at (562)866-9771 Ext. 2503 or 2507

When submitting your weight disposal receipt(s), please ensure the project address is written on the front of the receipt.

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**DO NOT WRITE BELOW THIS LINE. FOR USE BY CITY STAFF ONLY**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied

Weight disposal receipt(s) return: Yes  No  Date received: \_\_\_\_\_