



Development Authority of the North Country

Materials Management Facility
Rodman, NY

Application for Reduced Tip Fee Programs

Please complete electronically or print legibly

Pursuant to **Resolution No. 99-09-05** was further resolved pursuant to **Resolution No. 2017-03-37** to establish a community improvement project demolition incentive program for beneficial use. The Development Authority of the North Country (Authority) Board of Director's established a Community Improvement Program (CIP) to assist municipalities in the North Country with embarking on the rehabilitation of the region's aging housing stock in an effort to improve the housing within their communities; and the aging and disrepair of numerous residential properties throughout the North County, making the most financially feasible option demolition of residential units. The Authority assisting the municipalities with disposal costs will facilitate demolition and benefit municipalities in their redevelopment efforts.

Pursuant to **Resolution No. 2007-03-20**, the Authority established a Residential Cleanup Program (RCP) to incentivize the semi-annual cleanup of residential properties that would otherwise be cost prohibitive.

These programs are available to county and local governments. The application must be submitted electronically to SWMFspecialwaste@danc.org by the county Director of Solid Waste or Chief Elected municipal official.

1. Please check Community Improvement Program (CIP) or Residential Clean-up Project (RCP):

☐ **Community Improvement: 25% off published gate rate** - For municipal construction & demolition projects.

☐ **Residential Clean-up: 25% off published gate rate** - For municipally sponsored semi-annual clean-up days.

Please describe the project and/or justify the reason for a reduced tip fee:

2. Requestor Information

Name Local Government or County Official: _____

Title: _____

Municipality / Agency Name: _____

Address: _____

City, State, Zip: _____

Email address: _____ Phone: _____

3. Project Information

Site Name: _____

Site Address: _____

City, State, Zip, County: _____

Waste Type To Be Disposed: _____ Amount (Tons) _____

Project Date / Time Frame: _____

Is property owned by the municipality or non-profit agency? ☐ Yes ☐ No

Are municipal / non-profit agency funds paying for the project?: _____ Yes _____ No

Is waste being transported:

- ☐ Through a county transfer station (billed through county)
- ☐ Direct to landfill by municipality
- ☐ Direct to landfill by private hauler

- 4. Hauler Information:** For all requests, provide the information on the company that will be hauling the material to the Authority's landfill facility. **The hauler must have a current Authority issued permit** to use the facility. Include the hauler's permit number on the application. For waste coming through a county transfer station, the county should be listed as hauler.

Contact Name: _____ Title: _____

Company Name: _____

Address: _____

City, State, Zip, County: _____

Phone: _____ Fax: _____ SWMF Permit #: _____

Email Address: _____

5. Contractor Information (If Applicable)

Residential Cleanup Program: Not applicable

Community Improvement Program and all other requests: Please provide the information on the company that is performing the construction, demolition or excavation work for the project.

Contact Name: _____ Title: _____

Company Name: _____

Address: _____

City, State, Zip, County: _____

Phone: _____ Fax: _____ Email: _____

6. Billing Information

Community Improvement Program: The **tip fees can be billed to and paid by the municipality/non-profit that is requesting the reduction, or the hauler**. Please indicate whether the municipality/non-profit or the hauler should be billed.

Residential Cleanup Program: **For direct hauled waste, tip fees can be billed to and paid by the municipality requesting the reduction, or the hauler**. For waste coming through a county transfer station, the tip fees will be billed through the sponsoring county. Please indicate whether the municipality/non-profit or the hauler should be billed.

Company Name: _____
 Address: _____
 City, State, Zip: _____
 SWMF Account #: _____
 County or Local Govt. Official Signature _____ Date _____

The Development Authority of the North Country's approval of this request creates the contractual obligation between the parties for acceptance of waste and payment for disposal in accordance with the Authority's regulations.

Approvals: Authority Use Only

Materials Management Division Director (signature): _____ Date: _____
 Printed Name: _____ Title: _____
 SWMF Special Waste# (for CIP): _____ Waste Class ID#: _____
 RCP# or CIP# _____ Tip Fee Rate / Ton Approved: _____