

# CDD PROGRAM APPLICATION

Please review the requirements on the back of this page to ensure that you are submitting the correct documentation.

Please check one for the type of documentation submitted:

- GreenHalo (paperless)       Hard Copies (attached)

Applicants must submit applications within 365 days following the permit/project becoming inactive for any reason. This includes but is not limited to the termination or cancellation of any permit/project, or final sign off by the City Building Department.

Please Check One:       CalGreen       CDD Deposit

Complete Sections 1 and 2 below.

## Section 1

Permit Number \_\_\_\_\_ - \_\_\_\_\_

Deposit Paid (if applicable) \$ \_\_\_\_\_

Project Address \_\_\_\_\_

Zip \_\_\_\_\_

## Section 2

I certify that the information provided with this application represents disposition of at least 90% of the materials generated from this project. Furthermore, I certify that this information represents materials generated only from the project above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Phone Number (    ) \_\_\_\_\_

**Any associated check(s) will be sent to the name and address on the Permit Receipt - in the box marked "Received From". If associated check(s) are to be sent to a person or address other than the listed party in the "Received From" box on the permit receipt, please complete Sections 3 and 4 on the right side of this application.**

If any applicable check is to be sent to a person or address other than the "Received From" party listed on the permit receipt, complete Sections 3 and 4 below *in addition to Sections 1 and 2.*

## Change of Address

**(To be completed by "Received From" party listed on Permit Receipt)**

## Section 3

By signing below, I hereby direct any refund associated with

Permit Number \_\_\_\_\_ - \_\_\_\_\_

to be sent to the name and address listed in Section 4.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

## Section 4

### New Name/Address

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Please review any and all requirements to ensure all necessary documentation is included with this application.

Mail completed applications to:

Environmental Services - 10th floor  
City of San José  
200 East Santa Clara Street  
San Jose, CA 95113

**For City official use only**