

**THE SUSSEX COUNTY DISTRICT
SOLID WASTE PLAN**

APPLICATION

Complete all required information, separate sheets may be attached when necessary, all required documentation, renderings or plot plans must be included with submission as well as a check for \$250.00.

A. NAME OF COMPANY

.....

B. ADDRESS (Mailing)

.....

.....

C. PHYSICAL LOCATION (of Facility in Application)

Lot _____ Block _____ Municipality _____ County _____
Street, _____ Zone _____.

D. CONTACT PERSON:

Name _____ Title _____ Phone _____

TYPE OF FACILITY (check one)

- | Recycling Facilities | Solid Waste Facilities |
|---|--|
| <input type="checkbox"/> Class "A" Recycling Center | <input type="checkbox"/> Transfer Station |
| <input type="checkbox"/> Class "B" Recycling Center | <input type="checkbox"/> Medical Waste Incinerator |
| <input type="checkbox"/> Scrap/Junk Yard | <input type="checkbox"/> MSW Composting |
| <input type="checkbox"/> Tire Recycling | <input type="checkbox"/> Leaf Composting |
| <input type="checkbox"/> Storage/Transport | <input type="checkbox"/> Sludge Composting |
| <input type="checkbox"/> OFC Recovery | <input type="checkbox"/> Pyrolysis |
| <input type="checkbox"/> Processor | <input type="checkbox"/> Landfill |
| <input type="checkbox"/> Materials Recovery Facility | <input type="checkbox"/> Hazardous Waste Facility |
| <input type="checkbox"/> Intermediate Processing Facility | <input type="checkbox"/> Other |
| <input type="checkbox"/> Depot (Non Municipal) | |

E. List any and all persons and their address having interest in the Company: (attach additional sheets if necessary).

1. _____
2. _____
3. _____
4. _____
5. _____

