

# Warren County Board of Supervisors

## RESOLUTION No. 185 OF 2021

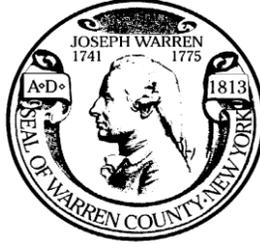
**RESOLUTION INTRODUCED BY SUPERVISORS CONOVER, HOGAN, DICKINSON, THOMAS, BRUNO, GERAGHTY AND MERLINO**

**APPROVING THE WARREN COUNTY WASTE HAULER PERMIT APPLICATION AND FEE SCHEDULE FOR COLLECTION AND TRANSPORTATION OF SOLID WASTE AND RECYCLABLE MATERIALS IN WARREN COUNTY**

WHEREAS, the Superintendent of Public Works has presented a Warren County Waste Hauler Permit Application and Fee Schedule for Collection and Transportation of Solid Waste and Recyclable Materials in Warren County, which the Public Works Committee has reviewed and approved and is submitted herewith to the Board of Supervisors, now, therefore, be it

RESOLVED, that the Warren County Board of Supervisors hereby approves the Warren County Hauler Permit Application and Fee Schedule for Collection and Transportation of Solid Waste and Recyclable Materials in Warren County, as attached hereto to be effective May 21, 2021.

Warren County Department of Public Works



# Waste Hauler Permit Application for Collection and Transportation of Solid Waste and Recyclable Materials in Warren County

***Please return completed application and direct questions to:***

Kevin J. Hajos, P.E.  
Warren County Department of Public Works  
Solid Waste and Recycling Program  
4028 Main Street  
Warrensburg, NY 12885  
Phone: (518) 761-6556  
Fax: (518) 623-2772

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**To be completed by WCDPW Staff**

Transporter/Collector Name: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Paid /Check #: \_\_\_\_\_

Permit Issued Date: \_\_\_\_\_

Permit #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ # of Stickers Issued: \_\_\_\_\_

Dear Applicant,

Pursuant to Local Law #3 of 1991 of Warren County and in accordance with Title 1 & 3, Article 27 of the New York State Department of Environmental Conservation, and the Warren County Solid Waste Management Plan, any organization that transports waste generated or disposed of within Warren County must obtain a permit from the Warren County Department of Public Works on an annual basis. An application or renewal may be denied by the Department for the failure of the applicant to properly complete the annual report as provided. In order to obtain a valid permit and permit stickers, this application (which includes quarterly reporting forms) must be completed in its entirety and returned to the Department for approval, along with the annual fee of \$ 200.00 by certified check or money order made payable to the Warren County Department of Public Works. This fee covers a permit sticker for one vehicle. Additional stickers will be provided for \$100.00 for each truck. Once the Certificate of Registration and permit stickers are obtained, the stickers must be displayed prominently on each of the permitted vehicles. Failure to comply with all sections of the Local Law #3 of Warren County will result in permit(s) being revoked, enforcement actions pursued and penalties incurred. Permits will expire on December 31 of the issuing year. Renewal applications received after January 15th, will be subject to a late fee of \$50.00. Please be advised, as a condition for the permit, the Warren County Department of Public Works shall require the transporter to complete the quarterly report forms, including volumes and nature of waste products, including recyclables, disposed of and the place and manor in which waste products were finally disposed, and such other information the Department may require. Failure to submit such information shall result in the automatic denial of the permit application. The information requested in this application is to allow Warren County to properly gauge the size and nature of its solid waste stream, waste generated or disposed of in Warren County, and to assess the type and variety of services available to manage it is required by the New York State Department of Environmental Conservation in accordance with the New York State Solid Waste Management Act of 1988.

A list of permitted haulers will be posted on the County website every April. Should you have any questions in filling out this application (including the quarterly report), or require additional information, please feel free to contact this office.

Sincerely,

Kevin J. Hajos P.E.  
Superintendent of Public Works

**Instructions for acquiring a waste hauler permit to collect and transport Solid Waste and Recyclable Materials in Warren County**

**The attached annual application for a permit should be completed in its entirety and returned to this department on or before January 15 of each year and include the following:**

- Completed permit application for Collection & Transportation of Solid Waste and Recyclable Materials in Warren County.
- Completed Quarterly Report forms based on the previous three months of business Haulers subject to this regulation shall submit quarterly reports to the Department on forms approved by the Superintendent. Reports shall cover a time period from Jan 1 to March 31, April 1 to June 30, July 1 to September 30 and October 1 to December 31 and shall be received by the Department within thirty (30) days after period end.
- A **Certified Check or Money Order** made payable to the Warren County Department of Public Works in the amount of \$ 200.00, plus \$100.00 for each additional vehicle
- For new applications only: If the business is a corporation, a copy of the Certificate of Incorporation, if a sole proprietorship, a copy of the Certificate of Business or if a partnership, partnership papers need to be attached, signed and notarized.
- Proof of insurance for each vehicle for which a permit sticker is requested, proof of Workman's Compensation and Disability Benefits Insurance (**forms C-105.2 and DB-120.1**) If such insurance coverage is not required, **WC/DB CE-200** exemption (see attachment 1) certificate must be submitted with this application. ACORD forms are not acceptable.
- Copy of valid Waste Transporter Permit from the NYS DEC (applicable to haulers of Regulated Medical/Infectious Waste)
- The attached "Notarized Certificate of Applicant" must be completed, signed and notarized.

**The completed application should be returned to the:  
Warren County Department of Public Works  
4028 Main Street Warrensburg NY 12885  
Att: Kevin J Hajos**

If requesting a renewal, failure to return completed application may result in a lapse of your permit. In the future, at the discretion of the Department of Public Works, arrangements may be made for an inspection of your vehicle (s). Please note that the following items would be inspected:

- The vehicle containers must prevent the loss or discharge of offensive material during transportation.
- The identification of the owner of the vehicle or the business name and address must be clearly posted on both sides of the vehicle.
- The Warren County Permit sticker is to be displayed prominently on each truck or vehicle registered.
- All materials must be collected, stored and transported properly separated in accordance with the Local Law #2 of 1991 of Warren County.

Please contact Kevin J. Hajos at (518) 761-6556 if further information is required. Your cooperation is greatly appreciated.

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Attachment 2 - Warren County Local Laws #2 and #3 of 1991 and quarterly Report Form

**1<sup>st</sup> Time Applicant**

**Renewal Application**

**SECTION 1 – IDENTITY of APPLICANT /BUSINESS**

Name of Applicant/Business: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

DBA (if different from above): \_\_\_\_\_

Trade Names (if different from above): \_\_\_\_\_

Business Address: (Official business address as listed in Certificate of Incorporation or DBA)

Mailing Address: \_\_\_\_\_

Is Business or Mailing address a residence: \_\_\_\_\_ Yes \_\_\_\_\_ No

Location of Vehicle Garage: \_\_\_\_\_

Business Phone #: ( ) \_\_\_\_\_

Business Fax #: ( ) \_\_\_\_\_

Cell Phone #: ( ) \_\_\_\_\_

24 hr Emergency #: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

**Designated employee/officer of Applicant/Business for communication with Warren County Department of Public Works:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

Alternate Designee:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

**SECTION 2 – TYPE OF BUSINESS**

**Type of Business or Organization: (check those that apply)**

Corporation (specify type/state of incorporation): \_\_\_\_\_

Partnership (specify type): \_\_\_\_\_

Sole Proprietorship: \_\_\_\_\_

Municipality: \_\_\_\_\_

Date of Organization: \_\_\_\_\_

Business Identification Number: \_\_\_\_\_  
 (Federal or State)

**New Applicants Only:**

**Attach a notarized Certificate of Business if a sole proprietorship, the partnership papers if a partnership; or the Certificate of Incorporation if a corporation**

List the names and position/title of any other officers, directors, partners, and responsible managerial employees and/or agents of applicant:

Principal Name	Title/Position	Contact Phone #





**SECTION 5 - INTENT**

Please describe, in detail the nature of the waste hauler services which applicant will provide upon issuance of a permit:

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**SECTION 6 - Days and Hours of Operation:**

(check all that apply and fill in times of operation, circle am/pm)

_____ Monday	from _____	am/pm to _____	am/pm
_____ Tuesday	from _____	am/pm to _____	am/pm
_____ Wednesday	from _____	am/pm to _____	am/pm
_____ Thursday	from _____	am/pm to _____	am/pm
_____ Friday	from _____	am/pm to _____	am/pm
_____ Saturday	from _____	am/pm to _____	am/pm
_____ Sunday	from _____	am/pm to _____	am/pm

Do you adjust your schedule for holidays? (please explain)

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**SECTION 7 – WORKERS COMPENSATION & DISABILITY**

This is to certify, under the penalties of perjury, that this operation has Workers’ Compensation & Disability Benefits coverage required by law: **(Attach copies. ACORD Forms are NOT acceptable. Acceptable forms are: U-26.3, C105.2 or the Certificate of Attestation of Exemption CE-200 – attachment 1)**

Workers’ Compensation Carrier : \_\_\_\_\_

Workers’ Compensation Policy # : \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Disability Benefits Carrier : \_\_\_\_\_

Disability Benefits Policy # : \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**-or-**

Workers’ Compensation Board has endorsed Exemption Form **CE-200** stating that such coverage is not required. Follow directions to obtain Attestation of Exemption Form **(Attach signed and dated copy)**

**SECTION 8 – Physical / Chemical Nature of Waste Handled** (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Municipal Solid Waste         | <input type="checkbox"/> Septage/Sewage/Sludge        |
| <input type="checkbox"/> Comingled Glass/Plastic/Cans  | <input type="checkbox"/> Medical Waste                |
| <input type="checkbox"/> Paper/Cardboard               | <input type="checkbox"/> Hazardous Materials/Chemical |
| <input type="checkbox"/> Construction & Demolition     | <input type="checkbox"/> Tires                        |
| <input type="checkbox"/> Yard Waste                    | <input type="checkbox"/> Waste Cooking Oil            |
| <input type="checkbox"/> Food Waste                    | <input type="checkbox"/> Scrap Metals                 |
| <input type="checkbox"/> Grease Trap Waste             |   |
| <input type="checkbox"/> Other (please explain): _____ |   |

**SECTION 9 – Which Towns do you Service in Warren County?** (check all that apply)

- Bolton     Chester     Glens Falls     Hague     Horicon     Johnsburg  
 Lake George     Lake Luzerne     Queensbury     Stony Creek     Thurman  
 Warrensburg

**SECTION 10 – Which Type of Service Do You Provide?** (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Residential         | <input type="checkbox"/> Commercial/Businesses       |
| <input type="checkbox"/> Public Institutions | <input type="checkbox"/> Government / Municipalities |
| <input type="checkbox"/> Bulk Pick-Up        | <input type="checkbox"/> Roll-Off Service            |
| <input type="checkbox"/> Drop Off Center     | <input type="checkbox"/> Other (please explain)      |

**SECTION 11 – Collection Frequency** (fill in all that apply) ie: once a week, twice a month, as needed

<i>Type of Account</i>	<i>Collection Frequency</i>
Residential	
Commercial / Businesses	
Public Institutions	
Government / Municipalities	
Bulk Pick-Up	
Roll Off Service	
Drop Off Center	



Type of Waste Disposed	Total Weight or Volume Specify Tons, Gallons, or Cubic Yards	Disposal Site	Fees for Tipping or Disposal (ie: \$\$ per gallon, Cont., CY or Ton)
Municipal Solid Waste			
Glass			
Plastic			
Cans			
Comingled Glass/Plastic/Cans			
Paper			
Cardboard			
Mixed Paper/Cardboard			
Single Stream			
Food Waste			
Yard Waste			
Scrap Metal			
Tires			
Construction & Demolition			
Wood			
Asphalt			
Concrete/Rock			
Other C & D			
Medical			
Hazardous/Chemical			
Waste Cooking Oil			
Grease Trap Waste			
Used Motor Oil			
White Goods			
Electronics			
Roll Offs			
Bulk Pick Up			
Septage/Sewage/Sludge			
Other: (explain)			

**(Make copies of this page if more than one disposal facility is used)**

**SECTION 13 –CERTIFICATION**

By signing and submitting this Application, I hereby request that the Corporation, Municipality, or Person named in Section 1 be granted a permit by the County of Warren for the Transportation of Source Separated Waste Material and Recyclables in accordance with the Warren County Department of Public Works.

I further agree the County has the right to verify the information contained herein before and after granting of a permit, and that inaccurate information will be grounds for the denial or revocation of said permit.

I understand that \_\_\_\_\_ shall be granted permission to collect,  
(Applicant)  
transport or dispose of source separated waste and recyclable material in Warren County under the following conditions:

- Vehicles are maintained in a clean, sanitary and leak-proof condition to prevent loss or discharge of offensive material during transportation;
- The identification of the owner of the vehicle or the business name and address is clearly posted on both sides of the vehicle;
- Current permit is prominently displayed on the vehicle (s) at all times;
- All source separated waste and recyclable materials are covered or maintained in a closed truck;
- All materials are collected, stored and transported properly separated in accordance with Local Laws #2 and #3 of 1991 of Warren County pertaining to waste hauling and source separation within Warren County.
- Permit (s) are granted subject to any/all state and local laws, ordinances, codes, rules and regulations. Failure to comply with Local Law #2 and #3 of 1991 of Warren County will result in your permit (s) being revoked, enforcement actions pursued and penalties incurred.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 14 – NOTARIZED CERTIFICATION**

**Notarized Certificate of Applicant**

This certification must be completed and executed, individually, by the person completing the application on behalf of the Applicant and shall be notarized.

State of New York  
County of Warren

I, \_\_\_\_\_, being duly sworn, state that I am the \_\_\_\_\_  
(Name of person executing application) (Title)  
\_\_\_\_\_ of \_\_\_\_\_ and that I have  
(Title) (Applicant or Business)  
been duly authorized to complete and execute this application on behalf of \_\_\_\_\_.  
(Applicant)

I, \_\_\_\_\_, hereby certify that I have read and understand the  
(Name of person executing application)  
instructions and the questions set forth in this application; and

that to the best of my knowledge the information provided in response to the questions set forth herein is full, complete and truthful, and has been prepared based upon my personal knowledge, as well as diligent search of all business and other records in my possession and control; and

that I understand the that Warren County Department of Public Works, by any legal means it deems necessary and appropriate, determine the accuracy and truth of the statements made in this applications; and

that I understand that the Warren County Department of Public Works shall rely upon and issue a determination as to \_\_\_\_\_'s permit status based upon the  
(Applicant)  
information provided herein, along with any further information provided during the verification process.

\_\_\_\_\_  
(Signature) (Title)

\_\_\_\_\_  
(Print or Type Name)

Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)