

Proposed Solid Waste Regulatory Policy
Pursuant to Lincoln County Code, Section 58-173. Terms and conditions for refunding, to qualifying individual property owners, the *solid waste management fee* for solid waste management services.

This policy creates a procedure whereby owners of real property may request a refund of the *Solid Waste Management Fee* imposed for solid waste management services.

The Board of Commissioners established a *Solid Waste Management Fee*, hereinafter referred to as *fee*, to fund solid waste management efforts within the unincorporated areas of Lincoln County. Solid waste management involves more than collection and disposal of solid wastes from residences, commercial establishments and institutions. In addition to these primary functions, solid waste management includes roadside litter abatement, special waste management and disposal, recycling, and state mandated public education programs concerning waste reduction and recycling.

General Reimbursement Criteria:

At the County's discretion, owners of real property who can demonstrate that they have made arrangement for alternative solid waste collection, green box or dumpster service, may be eligible for a refund of all or part of the *fee*.

Owners seeking a refund of the *fee* must demonstrate, at a minimum, that the arrangement that they have made is equal to or superior to the service provided by the County.

Examples of such alternative service include, but are not limited to:

1. A contract(s) for green box or dumpster type container.
2. On-premises solid waste processing approved by appropriate state and local authorities.

Forms to be used in connection with refund requests may be obtained from the Lincoln County Department of Planning & Zoning, Office of Solid Waste Management. Persons requesting refunds pursuant to the above criteria must submit a written application in person to the Department. The County reserves the right to deny a refund at its discretion, and its decision with regard to any such application shall be final. The Lincoln County Department of Planning & Zoning, Office of Code Enforcement shall make the investigation and determination as to the validity of the application.

Owners seeking release of the fee must complete the appropriate form and return it to the Lincoln County Department of Planning & Zoning, Office of Solid Waste Management no later than the **due date** of the tax year in which the release is requested. Releases **cannot be made** if the form is filed **after the tax due date**. A copy of the form is attached to this policy. (Form: SW5-5)



Return Completed Form to the Lincoln County Department of Planning & Zoning,
 Office of Solid Waste Management
 107 Perryman Ave. - P.O. Box 340 Lincolnton, GA 30817
 (706) 359-4414 or **Fax (706) 359-5831**

Application for Release of Solid Waste Management Fee, Alternative Disposal

M/ P #: _____ / _____ Property Owner: _____

Mailing Address: _____

Street Address: _____

Phone Number: _____ Additional Number: _____

Briefly describe the reason for requesting refund of all or part of the *Solid Waste Management Fee*. _____

Attach copies of any supporting documents that will substantiate a contract or agreement with a private hauler along with tax bill.

I have read and understood all the provisions of this application and all my statements are true and correct. I further understand that any untrue or incorrect statement constitutes a violation of law under Section 58-163 of the Lincoln County Solid Waste Management Ordinance. I further agree to notify the Lincoln County Department of Planning & Zoning, Office of Solid Waste and apply for solid waste service **within 30 days** Should my property no longer qualify for release of the Solid Waste Management Fee.

Exemption form must be filed on a yearly basis. _____ **(Initials)**

 Signature of Person Requesting Release

Code Enforcement Recommendation: Approval Disapproval
Code Enforcement Officer/Designee: _____ **Date:** _____
 Planning and Zoning Recommendation: Approval Disapproval
Planning & Zoning Director _____ **Date:** _____

Type of Refund: Full Partial \$ _____ Amount

Commission Chairman: _____ **Date:** _____

Tax Commissioner (date entered) _____ **by** _____