



METRO

MAIL THIS APPLICATION TO:

DATE RECEIVED BY METRO:

Metro Finance and Regulatory Services  
Solid Waste Compliance and Cleanup  
600 NE Grand Avenue  
Portland, OR 97232-2736  
(503) 797-1835

## Solid Waste Application Supplemental Form METRO Land Use Compatibility Statement (LUCS)

**WHAT IS A LUCS?** A Land Use Compatibility Statement is the document that Metro relies on to determine that an application to Metro for a solid waste facility license or franchise is compatible with the applicant's local land use approval.

**WHEN IS A LUCS REQUIRED?** A completed LUCS should accompany each application for a new Metro solid waste facility license, or franchise and any application for a change of authorization to add new activities to an existing license or franchise.

**HOW TO COMPLETE A LUCS:** The applicant must fill out Section 1 of the form and then submit the form to the local city or county planning office where Section 2 is completed. The local planning office will determine if the facility meets local land use requirements concerning planning and zoning. The applicant then submits the LUCS to Metro as part of its license or franchise application.

**WHERE TO GET HELP:** Questions on the Metro LUCS can be directed to Metro Solid Waste Compliance and Cleanup Division staff responsible for processing the Metro license or franchise application at (503) 797-1835.

### SECTION 1: To be completed by the applicant:

1. Applicant Information			
Facility Name:			
Company Name:			
<u>Location Address:</u>		<u>Mailing Address:</u>	
Contact Person:			
Phone Number:	Fax Number:	E-mail:	

**2. Site Description**

Tax Lot(s):

Section:

Township:

Range:

**3. Description of the type of facility, the solid wastes to be accepted and the activities to be undertaken**

**A. Check all the proposed solid wastes to be accepted in the left column "Proposed waste streams". In the "Activity code" column to the right, insert the letter(s) of all the proposed activities from the list of codes (a-g) corresponding to each waste stream:**

<u>Proposed waste streams</u>	<u>Activity code(s)</u>	<u>Proposed activities and codes:</u>
___ Putrescible mixed solid waste (i.e. residential garbage)	_____	a) Material recovery (source separated)
___ Food waste (source separated vegetative or non-vegetative)	_____	b) Material recovery (mixed dry waste)
___ Yard debris	_____	c) Composting
___ Wood waste (clean wood waste)	_____	d) Reload / transfer
___ Wood waste (painted or treated)	_____	e) Chipping & grinding
___ Non-putrescible mixed solid waste (dry mixed waste)	_____	f) Other (explain in detail)
___ Other (explain in detail)	_____	g) NA (not applicable)

**B. Description of proposed solid wastes to be accepted and proposed waste-related activities. Please describe in detail the activity you plan to perform on each waste you accept. Add additional pages if necessary.**

**4. This land use approval is being sought in conjunction with application to Metro for (check all that apply)**

New

Amended

License

Franchise

**SECTION 2: To be completed by a city or county planning official:**

**1. Name of city or county that has land use jurisdiction**

**2. The proposed facility is located (check all that apply)**

<input type="checkbox"/>	Inside city limits	<input type="checkbox"/>	Inside UGB
<input type="checkbox"/>	Outside city limits	<input type="checkbox"/>	Outside UGB

**3. Consistency with local comprehensive plan and zoning ordinance**

- This facility is not regulated by the local comprehensive plan and zoning ordinance.
- This facility has been reviewed and **is** consistent with the local comprehensive plan and zoning ordinance.
- This facility has been reviewed and **is not** consistent with the local comprehensive plan and zoning ordinance.
- Consistency of this facility with the local comprehensive plan and zoning ordinance cannot be determined until the following local approval(s) are obtained:
  - Conditional Use Approval       Development Permit
  - Plan Amendment                       Zone Change
  - Other \_\_\_\_\_

An application has been made for the local approvals checked above:                      **Yes**                       **No**

**Local Government Planning Official - Reviewer Information:**

Signature: \_\_\_\_\_

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

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

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

Telephone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_