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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

Date of Pre-Application Conference: _____

Solid Waste License Application Yard Debris Composting Facility

PART 1 - Standard License Application Information

Applicants applying to receive yard debris for composting or processing (other than reloading) must provide the following information:

1. Applicant (Proposed Licensee)	
Facility Name:	Best Buy IN Town INC.
Company Name:	Best Buy IN Town INC
Street Address:	2200 NW Cornelius Pass Rd, Hillsboro 97224
Mailing Address:	4975 SW 65 Ave, Portland Or 97221
City/State/Zip:	Portland, Or, 97221
Contact Person:	Tim Perri
Phone Number:	503 860 5150
Fax Number:	503-246-9331
E-mail Address:	timperri@gmail.com

2. Proposed Licensee's Owner or Parent Company (provide information for all owners)	
Name:	Same
Address:	
City/State/Zip:	
Phone Number:	

Fax Number:	
E-mail Address:	

3. Site Operator (if different from Proposed Licensee)	
Company Name:	
Contact Person:	
Street Address:	
Mailing Address:	
City/State/Zip:	
Phone Number:	
Fax Number:	
E-mail Address:	

4. Site Description			
Tax Lot(s):	Same as last	Section:	
		Township:	
		Range:	

5. Land Use	
Present Land Use Zone:	Industrial
Is proposed use permitted outright?	yes
<input type="checkbox"/> If yes, attach a copy of the Land Use Compatibility Statement.	Same
Is a conditional use permit (CUP) necessary for the facility?	NO
<input type="checkbox"/> If yes, attach a copy of the CUP.	
Are there any land use issues presently pending?	NO
If yes, explain:	
Are any DEQ permits required?	NO
<input type="checkbox"/> If yes, list them and attach copies with this application. (See also, Attachment D requirements)	
Are any other local permits required? If yes list them and attach copies:	City of Hillsboro Business License

6. Land Owner	
Is the applicant the sole owner of the property on which the facility is located?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If you answer "NO", complete the rest of the information requested in this section and attach a copy of the Property Use Consent Form, signed by the owner(s) of the property.)
Name of Property Owner:	Francis Timothy Perri
Mailing Address:	4975 SW 65 Ave
City/State/Zip:	Portland Or 97221
Phone Number:	503 860 5150

7. Public/Commercial Operations			
Will the facility be open to the public?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the facility be open to non-affiliated commercial solid waste collectors?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the facility be open to solid waste collection companies that collect waste from outside the boundary of Metro?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Operating Hours and Traffic Volume:	PUBLIC	COMMERCIAL AFFILIATED	COMMERCIAL NON-AFFILIATED
Operating Hours	M-Sat 7:30-6 & SUN 10-2:30 = summer hrs. M-Sat 7:30-5 = winter hrs.	yes	yes
Estimated Vehicles Per Day	30 to 50	0 to 4	?

8. Solid Waste To Be Accepted and Activities Conducted	
For each material type accepted at the facility, list the expected posted tip fee: (attach additional pages if necessary)	
WASTES / MATERIALS TO BE ACCEPTED	EXPECTED TIP FEE
green waste = leaves, branches, grass clippings etc	Retail - Contractor \$ 7.95/yd \$ 7.55/yd
wood waste = painted & treated - (No creosote/RR Ties)	\$ 9.95/yd \$ 9.45/yd
Land clearing = larger green waste	\$ 14.95/yd
concrete, asphalt, brick, rubble, rock	\$ 20/yd
fill dirt or sod	\$ 16.95/yd

Describe the purpose (activities to be performed and waste types to be received) of the proposed facility. Include an estimate of the quantity of waste to be received annually.

WASTE TYPE	PURPOSE	QUANTITY
green waste	visually inspect, measure, scale + reload #haul	48840 yds + 7539 tons +
wood waste	" " " " "	1700 yds +
Land Clearing	" "	1500 - 2000 yds
concrete/rubble etc	" "	300 - 1000 yds
fill dirt + sod.		1500 - 3500 yds

Solid Waste, and/or Solid Waste Residual from processing of Solid Waste, delivered to this facility will be reloaded for transport to the following facility or facilities: (Please list all facilities and include additional pages if necessary.)

FACILITY NAME	WASTE TYPE	WASTE QUANTITY	PURPOSE *
Grimm's Fuel	land clearing + green waste	see above	recycling = compost
Beaver Bark	land clearing + green waste	see above	recycling = compost
Beaver Bark	wood waste - seperated from green waste loads for (Beaver Hog fuel.)		

* For example: Disposal, Inert Fill, or Useful Material

Clackamas Compost	greenwaste + landclearing	(none yet)	recycling
NERCompost.com	greenwaste, landclearing	(none yet)	"
Grabhorn	green waste landclearing	(none yet)	"

Same as last Plan.

PART 2 - Compost Process Management (License application form continued)

Applicants proposing to conduct composting must provide the following information:

1. Composting practices. (Attach additional pages as necessary)	
a) A detailed description of the processing steps that will be taken (from delivery and mixing of feedstocks to end-product curing):	N/A
b) Methods of measuring and keeping records of incoming loads of yard debris and other materials:	
c) The dimensions of the windrows or piles (length, width, height):	
d) A description of how the windrows or piles will be managed and the type of equipment that will be used:	
e) A description of your methods for monitoring and adjusting temperature, oxygen, and moisture levels:	

2. Storm water management. A description of how storm water is managed at the facility, including:	
a) A description of how precipitation run-on is diverted around the yard debris storage area:	Same as last plan
b) A description of how run-off from the facility is controlled:	Same as last plan

3. Anticipated quantity of yard debris and other materials to be accepted monthly and annually.

BY WASTE TYPE:		Weekly Cubic Yards or Tons	Annually Cubic Yards or Tons
• Yard Debris:	Compost:		7000 - 10,000 tons
	Hogged fuel:		+ 40,000 - 60,000 yds
• Clean Wood Waste:	Compost:		
	Hogged fuel:		800 - 1000 yds
• Painted or Treated Wood Waste:	Hogged fuel:		400 - 800 yds
• Other:	see page 4 of 4		

4. Odor Minimization Plan. The applicant must provide an odor minimization plan that describes how odors will be minimized, managed and monitored at the facility. The plan must include:

- a) Methods for minimizing and controlling odors from loads received and processing at the facility (including rotting grass that is generating odors upon delivery). *Same as last plan/reload & ship*
- b) Procedures for receiving, recording, replying to, and remedying odor complaints or odor problems at the facility. *Same as last plan/reload quickly & ship*
- c) Additional odor minimizing measures which may include how to avoid anaerobic conditions in the composting material.
 - Use of mixing for favorable composting conditions.
 - Formation of windrow or other piles into a size and shape favorable to minimizing odors.
 - Use of end-product compost as a cover to act as a filter during early stages of composting.
- d) Specification of available supply of bulking agents, additives or odor control agents. *sawdust/bark etc*
- e) Procedures for avoiding delay in processing and managing yard debris during severe weather conditions. *same*
- f) Methods for taking into consideration the following factors prior to turning or moving composting material.
 - Time of day. *Same as last plan*
 - Wind direction.
 - Percent moisture.
 - Estimated odor potential.
 - Degree of maturity.

5. Operating Plan. The applicant is required to develop and maintain an operating plan for Metro review and approval prior to approval of the application. This section lists the procedures that must be included in the required facility operating plan, and submitted with the completed license application subject to any additional elements as required in the license, if one is approved and issued. The operating plan shall describe:

- a) Procedures for inspecting loads. *Same as last plan*
 - Inspecting incoming loads for the presence of prohibited wastes. *We have 2 additional camera's to aid in inspection & monitoring*
 - A set of objective criteria for accepting and rejecting loads.

Same as last Plan

b) Procedures for processing loads.

Same as last plan

- Processing authorized solid wastes, including any chipping or grinding, and a description of how painted or treated wood waste will be kept separate from yard debris compost feedstocks.
- Minimizing storage times, avoiding delay in processing and managing yard debris and landscape waste during all weather conditions.
- Storing authorized solid wastes. Describe the maximum length time for retaining yard debris and grass clippings on-site prior to formation of active compost piles or windrows.

c) Procedures for managing prohibited wastes. The operating plan shall describe procedures for managing and transporting to appropriate facilities any prohibited wastes discovered at the facility. The plan shall include procedures for managing:

- Hazardous wastes.
- Other prohibited solid wastes (e.g., food waste, putrescible waste).

d) Procedures for emergencies. The operating plan shall describe procedures to be followed in case of fire or other emergency.

e) Procedures for preventing and controlling nuisances, including noise, vectors, dust, and litter. Include a description of how you will encourage delivery of waste in covered loads.

f) Procedures for fire prevention, protection, and control measures used at the facility.

6. Applicant qualifications and experience. Provide a description of the composting experience and qualifications of the compost facility owner and operator. (Attach additional pages as needed.)

Same as last plan.

PART 3 - Standard Attachments (License application form continued)

Applicants that have previously submitted copies of permits, site plans, facility design plans, or other attachments required herein, are not required to re-submit such documents if the documents on file at Metro are current.

Submit the following attachments:

ATTACHMENT A: SITE PLAN <i>Same as last plan</i>
Scaled maps, drawings or diagrams showing the location of the facility at a scale no smaller than one inch equals 100 feet. The following information must be provided:
<ul style="list-style-type: none">• Boundaries of the facility.• Property boundaries, if different.• Boundaries of the sorting, processing or reload area.• Location of all buildings on the property and other pertinent information with respect to the operation of the facility (e.g. scale locations, water supply, fencing, access roads, paved areas, etc.).• Location of receiving, processing, and storage areas for solid waste, source-separated recyclable materials, recovered materials, waste residuals, hazardous waste, and other materials.

ATTACHMENT B: GENERAL FACILITY DESIGN PLAN <i>Same as last Plan</i>
The following information must be provided:
<ul style="list-style-type: none">• A description of any barriers that the facility has (or will have) to prevent unauthorized entry and dumping (fencing, gates, locks).• A description of the facility signage to include: name of facility, address of facility, emergency number, operating hours, fees and charges, Metro's name and telephone number (503) 234-3000, and a list of authorized and prohibited wastes.• The estimated capacity (cubic yards) of the facility storage area(s) for incoming solid waste waiting to be processed.• The estimated capacity (cubic yards) for storage of recovered materials. <i>3,000 - 5,000 yds</i>• On-site traffic flow patterns, including user type designation.

ATTACHMENT C: INSURANCE <i>Certificate sent 9-20-2012</i> <i>(see attached)</i>
Include proof of the following types of insurance, covering the applicant, its employees, and agents:
<ul style="list-style-type: none">• Broad form comprehensive general liability insurance covering bodily injury and property damage, with automatic coverage for premises, operations, and product liability. The policy must be endorsed with contractual liability coverage.• Automobile bodily injury and property damage liability insurance.• Insurance coverage shall be a minimum of \$500,000 per occurrence. If coverage is written with an annual aggregate limit, the aggregate limit shall not be less than \$1,000,000.• Metro, its elected officials, departments, employees, and agents must be named as ADDITIONAL INSURED.

Same as last plan

ATTACHMENT D: DEQ PERMIT APPLICATIONS AND INFORMATION

The following information must be provided:

- A duplicate copy of all permits or applications for necessary DEQ permits and any other information required by or submitted to DEQ, including closure plans, financial assurance for the costs of closure of the facility, and conditional use permit or land use compatibility statement, if applicable.

ATTACHMENT E: OTHER REQUIRED PERMITS

The following information must be provided:

- A copy of any required federal, state, county, city or other permits, licenses, or franchises that have been granted or issued, not including materials required by Attachment D, or a copy of any applications for such other permits, licenses, or franchises. Metro may request copies of correspondence pertaining to such permits, licenses or franchises.

ATTACHMENT F: CLOSURE PLAN AND FINANCIAL ASSURANCE

- If a closure plan and financial assurance are required by DEQ, copies of these documents should be included with the application per Attachment D.
- If DEQ did **not** require a closure plan for the facility, attach a closure document describing closure protocol.
- If DEQ did **not** require any financial assurance for the costs of closure of the facility, attach proof of financial assurance for the costs of closure of the facility.

ATTACHMENT G: LAND USE COMPATIBILITY STATEMENT (LUCS)

- If required by Section 5 of Part 1 of this application. Form is available at www.oregonmetro.gov.

ATTACHMENT H: PROPERTY USE CONSENT FORM

- If required by Section 6 of Part 1 of this application. Form is available at www.oregonmetro.gov.

APPLICANT CERTIFICATION: This form cannot be processed without a signature.

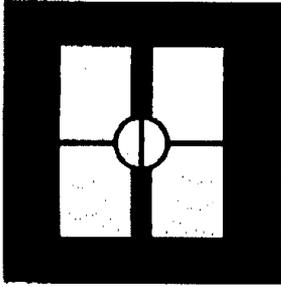
I certify under penalty of law that the information contained in this application is true and correct to the best of my knowledge. I agree to notify Metro within 10 days of any change in the information submitted as a part of this application.

SIGNATURE OF AUTHORIZED AGENT FT Perri

TITLE President

PRINT NAME Francis Timothy Perri

DATE 3-6-13 PHONE 503-860-5150



**City of Hillsboro, OR
BUSINESS LICENSE**

License Number
441

THIS LICENSE EXPIRES 05/14/2013

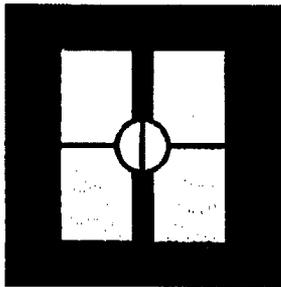
This certifies that this business is duly authorized to conduct business within the corporate limits of the City of Hillsboro. This license does not exempt the business from compliance with any or all applicable rules and ordinances of the City nor those of the State or Federal governments, including City's business recycling requirements.

POST IN A CONSPICUOUS PLACE

Category: NURSERY, GARDEN CENTER, AND FARM SUPPLY STORES
DBA: BEST BUY IN TOWN INC
Business: 2200NW CORNELIUS PASS RD 200
HILLSBORO, OR 97124

This License is NOT Transferable

By Amber Jones City Recorder



**City of Hillsboro, OR
BUSINESS LICENSE**

License Number
441

THIS LICENSE EXPIRES 05/14/2013

This certifies that this business is duly authorized to conduct business within the corporate limits of the City of Hillsboro. This license does not exempt the business from compliance with any or all applicable rules and ordinances of the City nor those of the State or Federal governments, including City's business recycling requirements.

Category: NURSERY, GARDEN CENTER, AND FARM SUPPLY STORES
DBA: BEST BUY IN TOWN INC
Business: BEST BUY IN TOWN
TIMOTHY PERRI
4975 SW 65TH AVE
PORTLAND OR 97221

By Amber Jones City Recorder

OFFICE COPY



BESTB-1

OP ID: DM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/06/13

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Fullerton & Company P. O. Box 29018 Portland, OR 97296-9018 Rick Abrahamson	503-274-6511	CONTACT NAME:	
	503-274-6524	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:			
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Companion Property & Casualty	
INSURED Best Buy In Town, Inc. 4975 SW 65th Avenue Portland, OR 97221		INSURER B : The American Insurance Co	21857
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY		PCP3600026	09/23/12	09/23/13	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT				<input type="checkbox"/> LOC	GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY		PCA3600026	09/23/12	09/23/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
							\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	SSE24267056	09/23/12	09/23/13	EACH OCCURRENCE	\$ 2,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$ 2,000,000	
	DED <input checked="" type="checkbox"/>	RETENTION \$ 10,000				\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS	OTH-ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N	N/A			E.L. EACH ACCIDENT	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
						E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Verification of Insurance.

CERTIFICATE HOLDER

CANCELLATION

Oregon Metro
600 NE Grand Ave
Portland, OR 97232-2736

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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