



Clatsop County Code Compliance
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Astoria, Oregon 97103
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SWAP APPLICATION FORM

REFERRING AGENCY

Name: _____ Agency: _____
Signature: _____ Date: _____ CCSO Case#: _____

PROPERTY OWNER & PROPERTY INFORMATION

Name: _____ Email: _____
Mailing Address: _____ City/State/Zip: _____
Phone _____
Site Address: _____ Map ID:(Example 71024CB00200) _____
(Comments): _____

APPLICANT/TRANSPORTER INFORMATION

Check here if same as above

Name: _____ Email: _____
Address: _____ City/State/Zip: _____
Phone: _____ Phone: _____

TYPES OF WASTE BEING DISPOSED

- Garbage Debris: _____
List type – household trash, food waste, old toys, etc.
- Bulky Items: _____
List type – sofa, mattress, etc.
- CDL: _____
List type, roofing, scrap lumber, etc.

SWAP REQUIREMENTS

- SWAP provides a maximum 800 pounds of solid waste disposal credit to the owner/occupant of **residential property** located in unincorporated Clatsop County.
- This is a **one-time only** assistance program. Records of assistance provided by SWAP are maintained in the Clatsop County Community Development Department
- Completed applications will be reviewed by Clatsop County code compliance staff. If approved, the property owner will be sent a voucher by certified mail. The voucher is valid for 60 days.
- Waste must be delivered to:
1790 Williamsport Rd
Astoria, OR 97103
- The owner/transporter must present the voucher to the facility attendant upon delivery of waste material(s).
- The following waste types may **NOT** be disposed of under SWAP:
 1. Hazardous Waste (motor oil, paint, pesticides, varnishes, etc.)
 2. Asbestos Containing Waste
 3. Industrial Sludge and/or Ash
 4. Yard Waste (brush, leave, limbs, grass clippings, etc.)
 5. Recyclable materials
 6. Any other solid waste designated by the code compliance staff or Recology Western Oregon Waste authorized field staff as ineligible.

For additional disposal and/or recycling information, please visit www.recology.com

- Loads must be secured. If it can fly out tarp it. If it can roll out tie it down

SIGNATURES

Owner Signature: _____ Date: _____

Applicant/Transporter Signature: _____ Date: _____

OFFICE USE ONLY

SWAP file # _____

Approved Denied

Comment: _____

Signature: _____ Date: _____

Print Name: _____

Title: _____