

States of Jersey
Planning and Environment Department
Waste Management (Jersey) Law 2005 - Article 26

Waste Management Licence Application Form (JWL001)

When complete, send six copies of each sheet and all accompanying plans, cross sections and documents to:-

Head of Waste Regulation,
Planning and Environment Department, Environment Division,
States of Jersey, Howard Davis Farm,
La Route de la Trinite, Trinity,
Jersey JE3 5JP

WARNING

It is an offence under Article 100 of the Waste Management (Jersey) Law 2005 to knowingly or recklessly make a statement in this application that is false or misleading in a material particular. Any person found guilty of such an offence shall be liable to imprisonment for a term not exceeding two years or to a fine, or both.

IMPORTANT - PLEASE READ BEFORE COMPLETING THIS FORM

- ▶ Please ensure that you have read all the accompanying guidance before proceeding with this application form.
 - ▶ Each section should be fully completed. An incomplete or insufficient answer will halt the licensing process until a suitable answer is provided. For each section please refer to the guidance provided with the application form.
 - ▶ An application will not be considered against a poor set of accompanying plans and cross sections - these should be drawn up by a competent surveyor, architect or engineer.
 - ▶ An unsigned application will not be considered.
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COMMERCIAL CONFIDENTIALITY

This application form, when completed and submitted, will become a publicly available document. Should you consider that any of the information you are required to provide is a trade secret you are entitled to apply for a certificate of confidentiality under Article 94 of the above Law. To apply for such a certificate please enclose a letter when submitting this form stating clearly which information you wish to be kept confidential and why.

Whilst your application for confidentiality is being considered by the Minister for Planning and Environment the information concerned shall be treated as confidential. You will be informed in writing of the Minister's decision. You may appeal against the Minister's decision - see guidance note 1

Part 1 - The Applicant

1.1 Authorised contact <i>(see note 2)</i>		
Full name, surname first then all forenames		
Position		
Business address		
		Postcode
Telephone number		
Fax number		
e-mail address		

1.2 Is the applicant:	tick	
An individual/sole trader	<input type="checkbox"/>	complete section 1.3 then go to part 2
A partnership	<input type="checkbox"/>	complete sections 1.4 & 1.5 then go to part 2
A limited company	<input type="checkbox"/>	complete sections 1.6 & 1.7 then go to part 2
A Department of the States of Jersey, other than under the Planning and Environment Minister	<input type="checkbox"/>	complete section 1.8 then go to part 2
Other (please detail)	<input type="checkbox"/>	

1.3 Individual applicant - please provide the following information:	
Full name, surname first then all forenames	
“Trading as” or business name	
Any former “trading as” or business names	

1.4 Partnership - please provide the following information: <i>(see note 3)</i>		
Name of partnership (if there is one)		
Business address		
		Postcode
Telephone number		
Fax number		
e-mail address		

1.5 Partnership (continued) - please provide the following information for each partner:		
Partner		
Full name, surname first then all forenames		
Business address		
	Postcode	
Partner		
Full name, surname first then all forenames		
Business address		
	Postcode	
Partner		
Full name, surname first then all forenames		
Business address		
	Postcode	

1.6 Companies registered under Companies (Jersey) Law 1991 please give:		
Company name		
Company registration number		
Address of registered office		
	Postcode	
Address of main office (if different)		
	Postcode	
Date of formation of company		
Telephone number of company		
Fax number of company		

1.7 Companies (continued) - please provide the following for the Company Secretary and each Director or similar officer:		
Officer		
Full name, surname first then all forenames		
Position held within the company		
Full correspondence address		
	Postcode	
Officer		
Full name, surname first then all forenames		
Position held within the company		
Full correspondence address		
	Postcode	
Officer		
Full name, surname first then all forenames		
Position held within the company		
Full correspondence address		
	Postcode	

1.8 Department of the States of Jersey		
Name of Minister		
Full name of Department		
Contact Name		
Contact address		
	Postcode	
Telephone number		
Fax number		
e-mail address		

Part 2 - The Site

2.1 Site name and location - your application must also include a site plan showing, outlined in red, the area of land this application relates to (see note 4).											
Site name (if applicable)											
Full site address											
	Postcode										
Ordnance Survey National Grid Reference	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> </tr> </table>										
What is the site currently used for?											

2.2 Occupancy of the site							
Is the applicant the owner of the land this application relates to?	<table style="width: 100%;"> <tr> <td style="width: 15%;">Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 75%;">go to section 2.3</td> </tr> <tr> <td>No</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>go to section 2.4</td> </tr> </table>	Yes	<input type="checkbox"/>	go to section 2.3	No	<input type="checkbox"/>	go to section 2.4
Yes	<input type="checkbox"/>	go to section 2.3					
No	<input type="checkbox"/>	go to section 2.4					

2.3 Proof of ownership	
Please detail what proof of ownership you have provided with this application.	

2.4 Landowner's written undertaking (see note 5)							
Have you included with this application a written undertaking from the landowner as required by Article 26(3)?	<table style="width: 100%;"> <tr> <td style="width: 15%;">Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 75%;">go to section 2.5</td> </tr> <tr> <td>No</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>this application will be refused</td> </tr> </table>	Yes	<input type="checkbox"/>	go to section 2.5	No	<input type="checkbox"/>	this application will be refused
Yes	<input type="checkbox"/>	go to section 2.5					
No	<input type="checkbox"/>	this application will be refused					

2.5 Planning status of the site (see note 6)							
Does the site have a suitable planning permission for the activities applied for?	<table style="width: 100%;"> <tr> <td style="width: 15%;">Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 75%;">include copy with application</td> </tr> <tr> <td>No</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>go to section 2.6</td> </tr> </table>	Yes	<input type="checkbox"/>	include copy with application	No	<input type="checkbox"/>	go to section 2.6
Yes	<input type="checkbox"/>	include copy with application					
No	<input type="checkbox"/>	go to section 2.6					
Planning permission reference number							
Date granted							

2.6 Lawful use of the site	
Please detail what, in the absence of a planning permission, allows the lawful use of the site for the activities applied for.	

Part 3 - Waste Management Activities

3.1 What will be the main waste management activity carried out at the site? (see note 7) <i>Please tick one box only</i>	
Landfill	<input type="checkbox"/>
Transfer station	<input type="checkbox"/>
Incinerator	<input type="checkbox"/>
Storage at site other than that of production	<input type="checkbox"/>
Biological treatment	<input type="checkbox"/> <i>please specify process below</i>
Chemical treatment	<input type="checkbox"/> <i>please specify process below</i>
Physical treatment	<input type="checkbox"/> <i>please specify process below</i>
Other	<input type="checkbox"/> <i>please give details below</i>

3.2 Other waste management activities (see note 8)	
Please summarise the other waste management activities to be carried out at the site (e.g. baling, sorting, screening, leachate treatment)	

3.3 Other regulatory controls	
Are any of the activities referred to in your answers to 3.1 & 3.2 subject to any other regulatory controls (e.g. discharge permit under the Water Pollution [Jersey] Law 2000)?	Yes <input type="checkbox"/> <i>please give details below</i> No <input type="checkbox"/>

3.4 What are the types and quantities of wastes the site will manage? (see note 9)			
Waste type	Physical form <i>Delete as appropriate</i>	Tonnes per day	Tonnes per year
Municipal	solid/sludge/liquid/powder/gas		
Hazardous	solid/sludge/liquid/powder/gas		
Health care	solid/sludge/liquid/powder/gas		
Scrap metal	solid/sludge/liquid/powder/gas		
Construction/demolition	solid/sludge/liquid/powder/gas		
Other <i>please specify</i>			
	solid/sludge/liquid/powder/gas		
	solid/sludge/liquid/powder/gas		
	solid/sludge/liquid/powder/gas		
	solid/sludge/liquid/powder/gas		
Total			
Annual total (if different to combined totals)(see note 10)			

3.5 Hazardous wastes (see note 11)				
Does the applicant intend to accept hazardous wastes at the site?		Yes	<input type="checkbox"/>	<i>please give details below</i>
		No	<input type="checkbox"/>	<i>go to Part 4</i>
Waste type	Hazard code H1 - H13	Physical form <i>Delete as appropriate</i>	Tonnes per day	Tonnes per week
		solid/sludge/liquid/powder/gas		
		solid/sludge/liquid/powder/gas		
		solid/sludge/liquid/powder/gas		
		solid/sludge/liquid/powder/gas		
		solid/sludge/liquid/powder/gas		
		solid/sludge/liquid/powder/gas		
		solid/sludge/liquid/powder/gas		
		solid/sludge/liquid/powder/gas		
		solid/sludge/liquid/powder/gas		
Total				
Annual total (if different to combined totals)(see note 10)				

Part 4 - Site Operations

4.1 Capacity of the site	
What type of site is being applied for?	<input type="checkbox"/> Landfill site <i>go to section 4.2 then 4.5</i> <input type="checkbox"/> Incinerator <i>go to section 4.3 then 4.5</i> <input type="checkbox"/> Treatment plant <i>go to section 4.3 then 4.5</i> <input type="checkbox"/> Transfer station <i>go to section 4.4 then 4.5</i> <input type="checkbox"/> Other <i>go to section 4.4 then 4.5</i>

4.2 Landfill capacity (se note 12)	
Total void space	cubic metres
Total area for landfilling of wastes	vergees

4.3 Incinerator/treatment plant capacities	
Maximum theoretical design throughput	tonnes per hour
Proposed actual throughput (if different from above)	tonnes per hour
Storage capacity for wastes prior to treatment / incineration (both tonnes and cubic metres)	tonnes
	cubic metres
Storage capacity for post treatment / incineration residues (e.g. ash) (both tonnes and cubic metres)	tonnes
	cubic metres

4.4 Transfer station/other capacities	
Municipal waste storage capacities	tonnes
(both tonnes and cubic metres for solids, please state units used for liquids or gases)	cubic metres
	units:
Hazardous waste storage capacities	tonnes
(both tonnes and cubic metres for solids, please state units used for liquids or gases)	cubic metres
	units:
Health care waste storage capacities	tonnes
(both tonnes and cubic metres for solids, please state units used for liquids or gases)	cubic metres
	units:
Construction/demolition waste storage capacities	tonnes
(both tonnes and cubic metres)	cubic metres
Scrap metal storage capacities	tonnes
(both tonnes and cubic metres)	cubic metres

4.5 Operational status	
Is the application site:	<input type="checkbox"/> Existing site <i>go to section 4.6 then 4.8</i> <input type="checkbox"/> A new facility <i>go to section 4.7 then 4.8</i>

4.6 Existing sites (see note 13)	
Date waste management activities began	
Estimated remaining active life (where appropriate)	_____ years

4.7 New facilities	
Proposed start date for work at the site	
Estimated active life (where appropriate)	_____ years

4.8 Operating hours			
Hours permitted under planning law (if applicable). <i>Use 24 hour clock</i>	Days	From	To
	Monday to Friday	:	:
	Saturday	:	:
	Sunday	:	:
	Bank/public holidays	:	:
Hours open for receipt/removal of waste (if different from permitted hours) <i>Use 24 hour clock</i>	Days	From	To
	Monday to Friday	:	:
	Saturday	:	:
	Sunday	:	:
	Bank/public holidays	:	:
Hours open for processing/handling of waste (if different from permitted hours) <i>Use 24 hour clock</i>	Days	From	To
	Monday to Friday	:	:
	Saturday	:	:
	Sunday	:	:
	Bank/public holidays	:	:

Part 5 - "Fitness" of Applicant

5.1 "Fitness"

A waste management licence may be granted to a person only if the Planning and Environment Minister is satisfied that he is fit to carry on the activity to which it relates. There are three factors to take into account:

1. Financial security
2. Technical resources
3. Relevant convictions for offences

5.2 Financial security (see note 14)

Please describe below how you intend to demonstrate that you have sufficient financial resources to meet the terms and conditions of the waste management licence (use separate sheets if necessary). You should include an expenditure plan for the site with this application.

5.3 Technical resources (see note 15)

Please give the following details for each person who will be responsible for managing the site. For each person named below we require a statement of qualifying experience and we may also want to carry out our own assessment.

Full name	
Position	
Name of referee on statement of qualifying experience	1.
	2.
Full name	
Position	
Name of referee on statement of qualifying experience	1.
	2.
Full name	
Position	
Name of referee on statement of qualifying experience	1.
	2.

Part 6 - Completion of Application

6.1 Checklist - please tick to confirm inclusion of the following documents (see note 18)		
Document	No. of copies	Included?
Completed application form	6	<input type="checkbox"/>
Continuation sheets - numbered and cross referenced to the section they apply to and signed and dated by the applicant	6	<input type="checkbox"/>
Company registration or partnership documents	1	<input type="checkbox"/>
Site location plan	6	<input type="checkbox"/>
Evidence of land ownership or written undertaking from site owner	1	<input type="checkbox"/>
Copy of planning permission	1	<input type="checkbox"/>
Financial information, including site expenditure plan	1	<input type="checkbox"/>
Statement(s) of qualifying experience	1 of each	<input type="checkbox"/>
Working plan, including: <ul style="list-style-type: none"> • a written statement • plans • detail drawings with a full contents list of plan titles, dates and unique plan/drawing reference numbers <i>(see "Guidance Notes on the New Waste Management Licensing System", Chapter 5)</i>	6	<input type="checkbox"/>
Letter requesting commercial confidentiality	1	<input type="checkbox"/>

6.2 Other relevant documents included with this application	
Document	
Title	
Date	
Reference number	
Document	
Title	
Date	
Reference number	
Document	
Title	
Date	
Reference number	

Part 7 - Declaration

Any person who, in support of an application made for a Waste Management Licence, knowingly or recklessly makes a statement that is false or misleading in a material particular commits an offence under Article 100 of the Waste Management (Jersey) Law 2005 and is liable to imprisonment for a term not exceeding two years or to a fine, or both.

I/we certify that this information is correct.

I/we hereby apply for a waste management licence in respect of the particulars described in this application (including working plan and supporting documentation) (*see note20*)

Signature(s)	
Please note that applicants must sign the declaration themselves, even if an agent is acting on their behalf. An unsigned or incorrectly signed application will not be accepted.	
For applications from	
<ul style="list-style-type: none">• more than one person - all applicants must sign below• a company or other corporate body - an authorised person should sign below.	
Signature	
Name	
Position	
Date	
Signature	
Name	
Position	
Date	
Signature	
Name	
Position	
Date	

JWL001 v 3.1, 4 August 2006