

HAZARDOUS MATERIALS STORAGE/USE QUESTIONNAIRE

To be completed with building permit application. (If you have any questions or need assistance, call the Department of Environmental Resources at 525-6700).

CONTRACTOR INFORMATION

Company Name:	Representative Name:	Phone: ()
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BUSINESS INFORMATION

Company Name:	Owner/Rep. Name (Different than above)	Phone: ()
Description of Business (Example: Dry Cleaning, Cattle Ranch, Manufacturing Farm Equipment, etc.)		
Site Address:	City, State, Zip:	
Mailing Address:	City, State, Zip:	
Project Description: (Example: Office addition, plant expansion, new construction, etc.)		

- Are you developing a shell building or an undetermined tenant space? Yes No If YES, **skip to question 7)**
- This project is occurring on: (Please check one box)
 Private Residence (if private residence, **skip to question 8)** Farm Dwelling Business Other
- Does this business have a Hazardous Materials Business Plan on file? Yes No

HAZARDOUS MATERIALS INFORMATION *To be completed by an employee of the business.*

- Materials in inventory: List the maximum amount of the following hazardous materials handled, used or stored on site, at any one time. Include materials contained in machinery
 - Use zeros (0) in blanks for materials not on site. Use blank spaces to include hazardous materials not listed (Example: pesticides)
- Does this business generate Hazardous Waste? (Solvents, caustics, etc.) Yes No
 If YES, is the Hazardous Waste treated on site? Yes No
- Is Medical Waste generated at this facility? (Sharps, biohazards, etc.) Yes No

Materials	Amounts/Units	Materials	Amounts/Units	Materials	Amounts/Units
Gasoline					
Batteries					
Oxygen					

- This business is located within 100 feet of a school, day care hospital, or long-term care facility? Yes No
 If YES, specify: School Day care hospital Long-term care facility
- Does this business handle, store, or use any acutely hazardous materials? Yes No
 (See Building Department for current list of acutely hazardous materials)
- Does or will this business have the potential to emit any type of air contaminant? Yes No
 (For this purpose, air contaminant is defined as dust or particulate matter, evaporated solvents or hydrocarbons, sulfur compounds, nitrogen oxides, carbon monoxide, or any type of hazardous compound.)

I declare under penalty of perjury that the forgoing is true and correct.

Signature: _____ **Name: (Please print)** _____ **Title:** _____ **Date:** _____

FOR OFFICE USE ONLY: BLDG DEPT _____ PLAN CK# _____ PERMIT# _____	
APCD	HAZARDOUS MATERIALS
INITIAL	DATE
INITIAL	DATE
ENV RES APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HOLD ON PERMIT? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HOLD ON C OF O? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No