



HAZARDOUS MATERIALS PERMIT APPLICATION

Utah County Fire Marshal

51 South University Avenue, Suite 120

Provo, Utah 84601

Phone: 801-851-8348 Facsimile: 801-851-8340

www.utahcounty.gov/firemarshal

DATE:

PERMIT FEE:

PERMIT TYPE(S) FEES + ZONE FEE

PERMIT TYPE & FEE: SELECT ALL THAT APPLY

NEW APPLICATION

RENEWAL

<input type="checkbox"/>	HAZARDOUS MATERIALS PRODUCTION/PROCESSING	\$155.00
<input type="checkbox"/>	HAZARDOUS MATERIALS DISPENSING/USE	\$115.00
<input type="checkbox"/>	HAZARDOUS MATERIALS STORAGE	\$80.00
<input type="checkbox"/>	HAZARDOUS MATERIALS WASTE PRODUCTION	\$30.00
<input type="checkbox"/>	HAZARDOUS MATERIALS MINIMAL STORAGE	\$20.00

<input type="checkbox"/> Zone 1	<input type="checkbox"/> Zone 2	<input type="checkbox"/> Zone 3	<input type="checkbox"/> Zone 4
10 or less miles one way	Over 10 miles one way	Over 20 miles one way	Over 30 miles one way
\$15.00	\$30.00	\$45.00	\$65.00

RECEIPT NUMBER: office use only

RECEIVED BY: office use only

FACILITY & OPERATIONS INFORMATION

FACILITY NAME:

SITE ADDRESS:

CITY/AREA:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

PERSON RESPONSIBLE FOR FACILITY:

TITLE:

PRINCIPAL BUSINESS ACTIVITY:

NUMBER OF EMPLOYEES:

NUMBER OF SHIFTS:

HOURS OF OPERATION:

EMERGENCY CONTACT INFORMATION:

CONTACT #1 - NAME:

TITLE:

OFFICE PHONE:

24 HOUR PHONE:

CONTACT #2 - NAME:

TITLE:

OFFICE PHONE:

24 HOUR PHONE:

CONTACT #3 - NAME:

TITLE:

OFFICE PHONE:

24 HOUR PHONE:

FACILITY MAP REQUIREMENTS:

FACILITY MAPS ARE REQUIRED FOR APPLICATION REVIEW.

- SITE MAP ATTACHED
- FLOOR PLAN ATTACHED (IF APPLICABLE)

SITE MAP MUST DEMONSTRATE:

- All structures, chemical loading areas, dispensers, mixers and sheds on the site.
- Streets around property, internal roads, entry & exit routes, and parking areas.
- Adjoining property identification.
- Hazardous Materials storage areas.
- Hydrant and standpipe locations.
- Any hazardous locations such as wells, dikes, pits, etc.
- Contents and capacity of all tanks and indication of above or below ground placement.
- Any properties within 1 mile that would effect your operation in the event of an emergency.

FLOOR PLAN MUST DEMONSTRATE:

- Ingress and egress location, including overhead doors, and direction of travel.
- Hazardous Materials storage areas.
- Flammable gas and liquid shut-offs.
- High and low pressure tanks storage.
- Electrical power shut-off.
- System shut down location and procedures where applicable.
- Storage systems locations and access routes. Please differentiate storage areas with a letter, number or symbol.
- General purposes of other areas within facility.
- Location of any emergency equipment including fire extinguishers, sprinkler risers, etc.
- Emergency egress escape routes and places of refuge for meeting - evacuation plan.
- Location of all interior above or below ground tanks to include sumps, vaults below ground, and below grade treatment systems, piping, etc.

HAZARDOUS MATERIALS INVENTORY STATEMENT:

Please list all Hazardous Materials that are or will be present at your operation in alphabetical order. The information for completing this section can be taken from your MSDS - Material Safety Data Sheets, which should be readily accessible at your facility, and mandatorily provided by your chemical supplier.

COMMON TRADE NAME	CHEMICAL NAME	PHYSICAL STATE	MAXIMUM QUANTITY ON SITE ON ANY GIVEN DAY OF THE YEAR.
1.		<input type="checkbox"/> GAS/VAPOR <input type="checkbox"/> LIQUID <input type="checkbox"/> PASTE <input type="checkbox"/> SOLID	<input type="checkbox"/> CUBIC FEET <input type="checkbox"/> GALLONS <input type="checkbox"/> POUNDS
2.		<input type="checkbox"/> GAS/VAPOR <input type="checkbox"/> LIQUID <input type="checkbox"/> PASTE <input type="checkbox"/> SOLID	<input type="checkbox"/> CUBIC FEET <input type="checkbox"/> GALLONS <input type="checkbox"/> POUNDS
3.		<input type="checkbox"/> GAS/VAPOR <input type="checkbox"/> LIQUID <input type="checkbox"/> PASTE <input type="checkbox"/> SOLID	<input type="checkbox"/> CUBIC FEET <input type="checkbox"/> GALLONS <input type="checkbox"/> POUNDS
4.		<input type="checkbox"/> GAS/VAPOR <input type="checkbox"/> LIQUID <input type="checkbox"/> PASTE <input type="checkbox"/> SOLID	<input type="checkbox"/> CUBIC FEET <input type="checkbox"/> GALLONS <input type="checkbox"/> POUNDS
5.		<input type="checkbox"/> GAS/VAPOR <input type="checkbox"/> LIQUID <input type="checkbox"/> PASTE <input type="checkbox"/> SOLID	<input type="checkbox"/> CUBIC FEET <input type="checkbox"/> GALLONS <input type="checkbox"/> POUNDS
6.		<input type="checkbox"/> GAS/VAPOR <input type="checkbox"/> LIQUID <input type="checkbox"/> PASTE <input type="checkbox"/> SOLID	<input type="checkbox"/> CUBIC FEET <input type="checkbox"/> GALLONS <input type="checkbox"/> POUNDS
7.		<input type="checkbox"/> GAS/VAPOR <input type="checkbox"/> LIQUID <input type="checkbox"/> PASTE <input type="checkbox"/> SOLID	<input type="checkbox"/> CUBIC FEET <input type="checkbox"/> GALLONS <input type="checkbox"/> POUNDS

COMMON TRADE NAME	CHEMICAL NAME	PHYSICAL STATE	MAXIMUM QUANTITY ON SITE ON ANY GIVEN DAY OF THE YEAR.
8.		<input type="checkbox"/> GAS/VAPOR <input type="checkbox"/> LIQUID <input type="checkbox"/> PASTE <input type="checkbox"/> SOLID	<input type="checkbox"/> CUBIC FEET <input type="checkbox"/> GALLONS <input type="checkbox"/> POUNDS
9.		<input type="checkbox"/> GAS/VAPOR <input type="checkbox"/> LIQUID <input type="checkbox"/> PASTE <input type="checkbox"/> SOLID	<input type="checkbox"/> CUBIC FEET <input type="checkbox"/> GALLONS <input type="checkbox"/> POUNDS
10.		<input type="checkbox"/> GAS/VAPOR <input type="checkbox"/> LIQUID <input type="checkbox"/> PASTE <input type="checkbox"/> SOLID	<input type="checkbox"/> CUBIC FEET <input type="checkbox"/> GALLONS <input type="checkbox"/> POUNDS
11.		<input type="checkbox"/> GAS/VAPOR <input type="checkbox"/> LIQUID <input type="checkbox"/> PASTE <input type="checkbox"/> SOLID	<input type="checkbox"/> CUBIC FEET <input type="checkbox"/> GALLONS <input type="checkbox"/> POUNDS
12.		<input type="checkbox"/> GAS/VAPOR <input type="checkbox"/> LIQUID <input type="checkbox"/> PASTE <input type="checkbox"/> SOLID	<input type="checkbox"/> CUBIC FEET <input type="checkbox"/> GALLONS <input type="checkbox"/> POUNDS
13.		<input type="checkbox"/> GAS/VAPOR <input type="checkbox"/> LIQUID <input type="checkbox"/> PASTE <input type="checkbox"/> SOLID	<input type="checkbox"/> CUBIC FEET <input type="checkbox"/> GALLONS <input type="checkbox"/> POUNDS
14.		<input type="checkbox"/> GAS/VAPOR <input type="checkbox"/> LIQUID <input type="checkbox"/> PASTE <input type="checkbox"/> SOLID	<input type="checkbox"/> CUBIC FEET <input type="checkbox"/> GALLONS <input type="checkbox"/> POUNDS
15.		<input type="checkbox"/> GAS/VAPOR <input type="checkbox"/> LIQUID <input type="checkbox"/> PASTE <input type="checkbox"/> SOLID	<input type="checkbox"/> CUBIC FEET <input type="checkbox"/> GALLONS <input type="checkbox"/> POUNDS

PLEASE COPY THIS PAGE IF ADDITIONAL INVENTORY STATEMENT SPACE IS NEEDED.

DECLARATION:

On behalf of the operation listed on this permit application, I certify the information in this report to be true and correct to the best of my knowledge. We agree to store and handle all regulated chemicals in a safe manner and will maintain appropriate safeguards to contain, separate and monitor said chemicals responsibly. We as a company, assure that adequate security measures have been taken regarding chemicals; that employees have had proper training to handle these materials in a safe manner and the proper ways to react to emergency situations; that adequate emergency labeling and warning signs are posted and maintained; that adequate emergency equipment is available and maintained at all times; and that disposal of all hazardous material wastes will be in an appropriate and legal manner.

I hereby certify that the information presented on these forms is true and correct to the best of my knowledge, and thereby request a Hazardous Materials Permit to be issued for this operation.

APPLICANT SIGNATURE:

DATE:

PRINTED NAME:

TITLE:

PHONE NUMBER:

OFFICE USE ONLY:

APPROVED DENIED REVIEWER: _____ CLOSEST FIRE DEPT: _____

SPECIAL INSTRUCTIONS: _____
