CLIFTON HAZARDOUS MATERIALS CONTROL BOARD APPLICATION

As per Clifton City Ordinance 45-7Materials to be Filed, This application is required for all Businesses storing or manufacturing Hazardous Materials

Facility Name:

Date of Appearance:

Facility Address:

Date Submitted:

Telephone Number:

Email Address:

Previous Location:

Site History

Former Use Group:

Intended Use Group:

Description of Facility Operation

Property Information

Building Size in Sq. Ft:

Number of Employees & Customers:

Hours/Days of Operation:

Length:

Width:

Height:

Floors

Type of Construction:

Sprinkler System:

Security System:

Lock Box:

Mechanical Ventilation:

If Yes What is The Total of Air Exchanges:

Emission Reducing Equipment:

Drainage/Sewer System (Oil Separator):

Property Insurance Company:

Liability Insurance Company:

Materials Used on Site (See Chemical Inventory Statement)

Hazardous Type & Amount:

Non Hazardous Type & Amount:

Storage Area:

What type of Material are you storing:

Piled Storage:

Location and Height:

Rack Storage:

Number of Tiers:

Storage Height:

In Rack Sprinklers:

Shelving:

Double or Single Rack:

Double Rack Width

Double Rack Flue Space:

Aisle Space Between Racks:

Disposal

Hazardous Waste:

Generator:

Hazardous Waste:

Transport:

Any other information pertinent to this application:

APPLICATION MUST BE COMPLETELY FILLED OUT TO BE ACCEPTED.

I hereby certify that the foregoing information provided in this application is true. I am aware that if any of the foregoing information provided by me is willfully false, I am subject to punishment and/or revoking of the Hazardous Materials Control Board Approval on the Certificate of Business Compliance.

Submitted By:

Date:

Print Form