

# CLIFTON HAZARDOUS MATERIALS CONTROL BOARD APPLICATION

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: