

PALO ALTO FIRE CLOSURE APPLICATION FOR ABOVEGROUND HAZARDOUS MATERIALS STORAGE FACILITIES

Please complete and submit this form prior to the closure of any aboveground hazardous materials storage system or facility. Based on the information submitted below, and the complexity of the closure, a written Closure Plan may be required (see guidelines).

1. Facility Information: (Note: If more than one facility at site address, please include facility/business name)

Facility Name: _____	Facility Phone: (____) _____
Site Address: _____	
City: _____	State: <u>CA</u> Zip: _____
Contact Name: _____	Contact Phone: (____) _____
Forwarding Address: _____	
City: _____	State: _____ Zip: _____ Phone No: (____) _____
Property Owner Name: _____	
Property Owner Mailing Address: _____	
<small>If different from site address</small>	
City: _____	State: _____ Zip: _____ Phone No: (____) _____

2. Closure Information:

<input type="checkbox"/> Full Facility Closure	<input type="checkbox"/> Partial Facility Closure/Remodel	Proposed Date of Closure: _____
<input type="checkbox"/> Closure Prior to Permit Issuance		Associated Permit Number: _____
Date Facility Closed: _____		<small>Fire/Building Permit(s)</small>
		CERS ID Number: _____

Briefly describe the proposed closure activity. Indicate the previous use(s) of the area(s) intended to be closed (or closed prior to permit issuance and required inspections) and the types of chemicals used or stored in the area(s) (i.e., by submitting a copy of the Inventory Statements from your Hazardous Materials Business Plan, etc.). Include equipment, tanks, piping, exhaust and treatment systems, site plans and the proposed final disposition of any hazardous materials and/or wastes. Attach additional pages if necessary.

3. Environmental Information (if applicable):

Environmental Cleanup Company Name: _____
Phone Number:(____) _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____ Contact Phone Number:(____) _____

Applicant/Agent's Name (Print): _____ Title: _____

Applicant/Agent Signature: _____ Date: _____

City Use Only

Application: Approved Disapproved

Fee Received: \$ _____ Receipt No.: _____ Date: _____

Comments: _____

Staff: _____ Date: _____