

# APPLICATION FOR HAZARDOUS MATERIALS PERMIT

|   |   |  |                          |                  |
|---|---|--|--------------------------|------------------|
| LOCATION / OWNER                              | STREET # (N,S,E,W) _____ STREET NAME _____ (AV,RD,ST, etc) _____  |  |                          | <b>PERMIT #</b>  |
|   | SUITE/UNIT(S): _____  |  |                          |                  |
|   | TAX JURISDICTION: (Check One) <input type="checkbox"/> 0-Mecklenburg <input type="checkbox"/> 1-Charlotte <input type="checkbox"/> 2-Davidson <input type="checkbox"/> 3-Cornelius<br><input type="checkbox"/> 4-Pineville <input type="checkbox"/> 5-Matthews <input type="checkbox"/> 6-Huntersville <input type="checkbox"/> 7-Mint Hill   |  |                          |                  |
|   | NAME OF PROJECT, BUSINESS, ORGANIZATION _____   |  |                          | <b>PROJECT #</b> |
| PURPOSE                                       | OWNER _____ MAILING ADDRESS _____   |  |                          |                  |
|   | CITY _____ STATE _____ ZIP _____ PHONE # _____  |  |                          |                  |
|   | TAX PARCEL # _____  |  | VOL. FIRE DISTRICT _____ |                  |
| APPLICANT                                     | AG <input type="checkbox"/> Above Ground Storage      FW <input type="checkbox"/> Fireworks      TR <input type="checkbox"/> Tank Removal<br>BG <input type="checkbox"/> Below Ground Storage      HM <input type="checkbox"/> Hazardous Materials      LB <input type="checkbox"/> Lumber Storage<br>BL <input type="checkbox"/> Blasting      OT <input type="checkbox"/> Other      SP <input type="checkbox"/> Spray Operative<br>AP <input type="checkbox"/> Airport, Heliport |  |                          |                  |
|   | PROPERTY USE: <input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> Educational <input type="checkbox"/> Hazardous <input type="checkbox"/> Factory-Industrial<br><input type="checkbox"/> Institutional <input type="checkbox"/> Mercantile <input type="checkbox"/> Residential <input type="checkbox"/> Storage <input type="checkbox"/> Other _____  |  |                          |                  |
| OTHER   | APPLICANT NAME (if different from owner) _____ PHONE _____  |  |                          |                  |
|   | ADDRESS _____ CITY _____ STATE _____ ZIP _____  |  |                          |                  |
|   | PYROTECHNICS TECHNICIAN _____ FIELD OFFICE PHONE # _____<br>COPY OF CERTIFICATE OF INSURANCE ATTACHED <input type="checkbox"/> Yes <input type="checkbox"/> No      EXPLOSIVES STORED ON SITE <input type="checkbox"/> Yes <input type="checkbox"/> No<br>ANNUAL RENEWAL: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 704-M Sign Required   |  |                          |                  |
| MATERIALS / QUANTITY                          | REMARKS: _____  |  |                          |                  |
|   | NAME OF MATERIAL  |  | QUANTITY                 |                  |
|   | NAME OF MATERIAL  |  | QUANTITY                 |                  |
|   | GS <input type="checkbox"/> Gasoline (Gal.)   |  |                          |                  |
|   | DF <input type="checkbox"/> Diesel Fuel (Gal.)  |  |                          |                  |
|   | KS <input type="checkbox"/> Kerosene (Gal.)   |  |                          |                  |
|   | PG <input type="checkbox"/> Propane Gas (Gal.)  |  |                          |                  |
|   | DM <input type="checkbox"/> Dynamite (Lbs.)   |  |                          |                  |
| BC <input type="checkbox"/> Blasting Caps (#) |   |  |                          |                  |
|   |   |  | <b>TOTAL FEE \$</b>      |                  |

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

|  |              |   |   |              |             |              |  |  |  |  |  |
|--|--------------|---|---|--------------|-------------|--------------|--|--|--|--|--|
| APPLICANT'S SIGNATURE _____  | DATE _____   | PRINT APPLICANT'S NAME _____  | METHOD OF PAYMENT<br><input type="checkbox"/> CASH/CHECK <input type="checkbox"/> ACCOUNT |              |             |              |  |  |  |  |  |
| MECKLENBURG COUNTY FIRE MARSHAL'S OFFICE<br>P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2154 |              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">HOLDS</td> <td style="width: 25%;">PROCESSED BY</td> <td style="width: 25%;">APPROVED BY</td> <td style="width: 25%;">VALIDATED BY</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> | HOLDS   | PROCESSED BY | APPROVED BY | VALIDATED BY |  |  |  |  |  |
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|  |              |   |   |              |             |              |  |  |  |  |  |