

County of Santa Clara
Department of Environmental Health
Hazardous Materials Compliance Division (HMCD)
Hazardous Materials Program
 1555 Berger Drive, Suite 300
 San Jose, CA 95112-2716
 (408) 918-3400; www.EHinfo.org/hazmat

HMCD Use Only

PLAN REVIEW

- Approved for HazMat Compliance
- Disapproved
- Approved With Revisions Noted

BY: _____ DATE: _____
 FA: _____ SR: _____

Date/Time Received Stamp

HAZARDOUS MATERIALS CONSTRUCTION PERMIT APPLICATION

For Aboveground Projects Within the Cities of Los Altos Hills, Monte Sereno, or Saratoga, or in Unincorporated Areas of Santa Clara County; and for Underground Storage Tank System Projects In Those Areas or Within the Cities of Los Altos, Morgan Hill, Palo Alto, or San Jose.*

I. General Information

HMCD plan review and approval for regulatory compliance is required before installing or modifying hazardous materials storage or handling systems. One completed copy of this form is required with each plan review submittal. When completing Section V, limit the description to work that directly involves or impacts hazardous materials storage or handling systems (e.g., backup power battery systems for communications sites; dry cleaning machines; fuel tanks, piping and dispensing systems; leak detection systems; etc.).

II. Project Location

Facility Name: _____ CERS ID: _____
 Site Address: _____ City: _____ Zip: _____
 County Plan Check No. (if applicable): _____ Assessor's Parcel No. (APN): _____

III. Contractor *[Must be licensed by the Contractor State License Board (CSLB)]*

Business Name as Registered with CSLB: _____ Lic. No.: _____
 Mailing Address: _____ City: _____ Zip: _____
 Project Contact Name: _____ Office Phone: _____ ext. _____
 Cell Phone: _____ eMail: _____

IV. Applicant *[Plan approval letter will be sent to this contact]*

Same as III, above

Business Name: _____ Lic. No.: _____
 Mailing Address: _____ City: _____ Zip: _____
 Project Contact Name: _____ Office Phone: _____ ext. _____
 Cell Phone: _____ eMail: _____

V. Project Type and Scope of Work

- Check one box: Underground Tank; Aboveground Tank/Facility; Toxic Gas; Communications Site; Other
- Check one box: New Facility/ System; Repair/Retrofit**: Minor (≤4 hours) Moderate (≤7.5 hours) Major (≤15 hours)

* Unincorporated areas are locations not within any city limits, including Coyote, Moffett Field, San Martin, and Stanford.
 ** Repair/Retroft projects are based on total project time, including plan review, consultation, and inspection/s.

VI. Attachments

HMCD forms and guidance are available at www.EHinfo.org/hazmat.

Plan review will not be performed until all required information is submitted.

Check the box(es) to identify attachments submitted with this application:

- Plan review fee [Required for ALL projects.]
- Equipment List for Aboveground Storage Tank Systems (form HMCD-024A) [Required for projects involving installation, retrofit, or repair of aboveground tank systems.]
- Equipment List for Underground Storage Tank Systems (form HMCD-024U) [Required for projects involving installation, retrofit, or repair of UST systems (other than monitoring system “cold starts”).]
- Hazardous Materials Clearance Form (form HMCD-028) [Required for projects in unincorporated areas.]
- Drawings [2 sets required for construction/installation; and retrofits involving tanks, piping, sumps, under dispenser containment.]
- Manufacturers' Cut Sheets/Specifications [1 set required for projects other than monitoring system “cold starts.”]
- ICC UST Installation/Retrofitting certification, ICC California UST Service Technician certification, and equipment manufacturers’ training certifications for person(s) who will oversee installation and/or testing of UST system components [1 copy required for underground storage tank projects.]

VII. Authorization and Certification *[Note: Owner and applicant signatures are both required.]*

OWNER: I am the property owner or the owner of the business that operates the facility identified in Section II of this application. I am aware of the proposed work described in Section V, and hereby authorize the party identified in Section IV to apply for this permit on my behalf. I understand that all eMail and written correspondence during the course of plan review, and the plan approval letter, will be sent to the contact person identified in Section IV.

Owner Name (Print)	Owner Signature	Date	<input type="checkbox"/> Property Owner <input type="checkbox"/> Business Owner
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APPLICANT: I certify that I have read the Plan Submittal Requirements for Hazardous Materials Systems (document HMCD-004) and declare that the information in this submittal is correct to the best of my knowledge. I agree to comply with all applicable city and County codes and ordinances and state laws and regulations relating to management of hazardous materials/wastes. I understand that a copy of the plan approval letter and approved plans must be provided to the contractor that will perform the work, and must be kept at the project location until final project sign-off is granted by HMCD.

Applicant/Agent’s Name (Print)	Applicant/Agent’s Signature	Date
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[Note: Separate submittals, permits, and fees are required if the project involves the closure of tank systems.]

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Facility ID: _____ SR: _____ PE: _____

IN: _____ Fees Paid: \$ _____