



SANTA CLARA COUNTY FIRE DEPARTMENT

1315 Dell Avenue, Campbell, CA 95008 | (408) 378-4010 | SCCFD.org

Fire Prevention Division
Hazardous Materials Program
(408) 341-4420

HAZARDOUS MATERIALS CONSTRUCTION PERMIT APPLICATION

**For Projects Within the Cities of Campbell, Cupertino, Los Altos, Los Altos Hills, Los Gatos, Monte Sereno, Saratoga, or in Unincorporated Areas of Santa Clara County*

I. General Information

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. aboveground fuel tanks, piping and dispensing systems, chemical storage tanks, leak detection systems, backup power generator systems, dry cleaning machines, etc.).

II. Project Locations

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

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

Business Name as Registered with CLSB: _____ Lic. No.: _____
Mailing Address: _____ City: _____ Zip: _____
Project Contact Name: _____ Office Phone: _____ Ext.: _____
Cell Phone: _____ Email: _____

IV. Applicant *[Plan Review Documentation will be sent to this contact]*

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 Communication Site
Other Check one box: New Facility/Equipment Repair/Retrofit Temporary Hazardous Materials Storage (<90 days*)

* Unincorporated areas are locations ot within any city limits, including Stanford.
** SCCFD must be notified when the temporary storage has been removed from the facility/site.



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VI. Attachments

Forms and guidance are available at www.sccfd.org and www.unidocs.org

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

Plan review fee [Refer to fee schedule per city/jurisdiction at www.sccfd.org]

Equipment List for Aboveground Storage Tank Systems (form SCCFD-024A) [Required for projects involving installation, retrofit, or repair of aboveground tank systems.]

Equipment List for Underground Storage Tank Systems (form SCCFD-024U) [Required for projects involving installation, retrofit, or repair of UST systems (other than monitoring system “cold starts”).]

Drawings [2 sets required for construction/installation; and retrofits involving tanks, piping, sumps, under dispenser containment, fume hoods, spray booths, gas detection systems, medical gas systems, etc.]

Manufacturer’s Cut Sheets/Specifications [1 set required for projects].

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, permit, will be sent to the contact person identified in Section IV.

Property Owner

Owner Name (Print): _____ Owner Signature: _____ Date: _____ Business Owner

APPLICANT: I agree to comply with all applicable City and County codes and ordinances and state laws and regulations relating to management of hazardous materials. I understand that a copy of the permit 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 SCCFD.

Applicant/Agent’s Name (Print): _____ Applicant/Agent’s Signature: _____ Date: _____

[Note: Separate submittals, permits, and fees are required if the project involves the closure of tank systems.]

SCCFD Use Only

Occupancy ID: _____ PC#: _____ Fees Paid: \$ _____

Comments: _____
