



# 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 not 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](http://www.sccfd.org) and [www.unidocs.org](http://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](http://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: \_\_\_\_\_

\_\_\_\_\_

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