

CLOSURE APPLICATION FOR ABOVEGROUND HAZARDOUS MATERIALS STORAGE FACILITIES

For Use by Unidocs Member Agencies or where approved by your Local Jurisdiction

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: Print or type all information.)*

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 style="text-align: center;">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: ____/____/____.
<p>Briefly describe the proposed closure activity. Indicate the previous use(s) of the area(s) intended to be closed 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, and the proposed final disposition of any hazardous materials and/or wastes. Attach additional pages if necessary.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

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

Signature of Applicant/Agent: _____ Date: ____/____/____.

Agency Use Only

Application: <input type="checkbox"/> approved <input type="checkbox"/> disapproved	Closure Plan: <input type="checkbox"/> required <input type="checkbox"/> not required	Inspection: <input type="checkbox"/> required <input type="checkbox"/> not required
Fee Received: \$ _____	Receipt No.: _____	Date: ____/____/____.
Comments: _____		

Staff: _____ Date: ____/____/____.		