



City of NORFOLK

Office of the Fire Marshal

Business / Facility Closure Application

Please complete and submit this application to the Fire Marshals Office no less than 30 days prior to the start of business closure activities. Ensure to all; if any, above or below ground hazardous materials storage, use, handling, and dispensing under a Hazardous Materials Operational Permit as issued by the Fire Marshals Office.

BUSINESS INFORMATION:

Facility / Business Name:				Phone:		
Address:		City:		State:	Zip:	
Facility Contact Name:				Phone:		
Forwarding Address:		City:		State:	Zip:	
Property Owner Name:				Phone:		
Property Owner Address:		City:		State:	Zip:	

TIMELINE INFORMATION:

Full Facility Closure <input type="checkbox"/>	Partial Facility Closure <input type="checkbox"/>	Proposed Date of Closure: _____ / _____ / _____
Area Temporarily Closed:		Proposed Date of Reopening: _____ / _____ / _____

CLOSURE INFORMATION

Briefly describe the proposed closure activity. Include the previous use of the areas intended to be closed, and the types of hazardous materials used or stored in these areas. This will include equipment, tanks, piping, exhaust, and treatment systems, as well as subsurface hazardous materials containment vessels such as pumps, sumps, baths, tanks, etc. Include the proposed final disposition of any hazardous materials and or wastes. Attach additional pages if necessary.

[Large area for closure description, consisting of approximately 15 lines of text input space]

I hereby certify, under penalty of perjury, that all information contained in this application is, to the best of my knowledge, true and correct.

Printed Name

Title

Date

Applicant Signature

Contact Number

FMO USE ONLY

Facility Closure Plan Required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Facility Closure Plan Required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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(Inspector/Investigator Name)

(Authorization Signature)

(Date)