



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.

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

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

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.

<div>Date</div>	<div>Printed Name</div>	<div>Title</div>
	<div>Applicant Signature</div>	<div>Contact Number</div>

Facility Closure Plan Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Facility Closure Plan Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>			
<div style="border-top: 1px solid black; text-align: center;"> <i>(Inspector/Investigator Name)</i> </div>		<div style="border-top: 1px solid black; text-align: center;"> <i>(Authorization Signature)</i> </div>	
		<div style="border-top: 1px solid black; text-align: center;"> <i>(Date)</i> </div>	