



Fire Marshal's Office Facility Closure Application

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

BUSINESS INFORMATION: *(Note: Print all information)*

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

CLOSURE INFORMATION: *(Note: Print all information.)*

Briefly describe the proposed closure activity. Indicate the previous use of the areas intended to be closed and the types of chemicals used or stored in the areas. This includes equipment, tanks, piping, exhaust and treatment systems, all subsurface hazardous material containment such as sumps, baths, etc., and the proposed final disposition of any hazardous materials and/or wastes. Attach additional pages if necessary.

Full Facility Closure Partial Facility Closure/Remodel

Proposed Date of Closure: _____

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

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

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

FMO Use Only

Closure Plan: <input type="checkbox"/> Required <input type="checkbox"/> Not Required	Inspection: <input type="checkbox"/> Required <input type="checkbox"/> Not Required
Inspector/Investigator: _____	Date: ____/____/____