



Hazardous Materials Storage System – Permit Application

San Jose Fire Department
Fire Prevention – Development
San Jose City Hall – 2nd Floor
200 E. Santa Clara St.
San Jose, CA 95113-1905
Phone: (408) 535-7750

Associated Building Plan Check #:

Hazardous Materials Permit #:

PROJECT/FACILITY LOCATION

Business Name:
Address:
Nearest Cross Street:

Date:
City: **SAN JOSE** State: **CA** Zip:
Contact Person: Ph:

APPLICANT INFORMATION

Business Name:
Mailing Address:
Contact Person:
Ph:

FAX:

City: State: Zip:
Title:
e-mail address:

PROJECT CONTRACTOR

Business Name:
Mailing Address:
Contact Person:
Ph:

or

City: State: Zip:
Title:
e-mail address:
Expiration Date:
Expiration Date:
Expiration Date:

*San Jose City Business License Number:

*Worker's Compensation Number:

*State Contractors License Number and Type:

<p style="text-align: center; color: red;">TYPE OF PROJECT/SYSTEM: (Select One)</p> <p><input type="checkbox"/> Hazard Compressed Gas/Cryogenic System <input type="checkbox"/> Variance <input type="checkbox"/> Inert Compressed Gas System <input type="checkbox"/> Battery System <input type="checkbox"/> Other Hazardous Material System <input type="checkbox"/> Metal Finishing/Plating Line <input type="checkbox"/> Aboveground Tank/Piping System (liquid) <input type="checkbox"/> Facility Closure <input type="checkbox"/> Underground Tank/Piping System (liquid) <input type="checkbox"/> L.P.G. Tank/Piping System</p>	<p style="text-align: center; color: red;">WORK PROPOSED: (Select One)</p> <p><input type="checkbox"/> Closure <input type="checkbox"/> Facility Partial Closure <input type="checkbox"/> Repair <input type="checkbox"/> Facility Full Closure <input type="checkbox"/> New Installation <input type="checkbox"/> Alteration <input type="checkbox"/> Removal <input type="checkbox"/> Temporary</p>
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PROJECT DESCRIPTION

SYSTEM IDENTIFICATION		PRIMARY CONTAINMENT		SECONDARY CONTAINMENT	
Hazardous Materials Stored		Construction Material	Size (Volume, Pipe Diam., etc.)	Construction Material	Size (Volume, Pipe Diam., etc.)
1					
2					
3					
4					
5					

ATTENTION APPLICANT:

This permit is valid for 180 days from the date of issue or last activity. This permit is being issued pursuant to the requirements specified on the attached San Jose Fire Department Plan Check. It is your responsibility to post this document conspicuously at the job site. You are to have an approved set of plans and San Jose Fire Department Plan Check Directive available for review at the job site. **Inspections may be scheduled by calling (408) 535-3555.**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that, to the best of my knowledge, the license(s) listed above are those required for the work to be performed and are in full force and effect, or if exempt, that the exemptions meet the requirements of the Contractor's State License Law as contained in the Business & Professions Code, Division 3, Chapter 9. If there is any change, which would materially affect the above information or plans submitted, I will notify the Bureau of Fire Prevention.

APPLICANT'S NAME (Please Print)	TITLE (Please Print)	APPLICANT'S SIGNATURE	DATE
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FIRE DEPARTMENT USE:

	Date	Approved By:	Inspector's Comments
Plans Reviewed	___/___/___	_____	_____
Primary Containment	___/___/___	_____	_____
Secondary Containment	___/___/___	_____	_____
Monitoring System	___/___/___	_____	_____
Other: _____	___/___/___	_____	_____
Final Inspection	___/___/___	_____	_____