



CITY OF SAN DIEGO
 1010 SECOND AVENUE, SUITE #300
 SAN DIEGO, CA 92101
 PHONE: 533-4477 / 533-4449

FIMS FILE #: _____
 PERMIT/APPL. NO.: _____
 RECEIPT # _____
 DATE RECEIVED _____

Hazardous Material Permit Application San Diego Fire-Rescue Department

OWNER	NAME (OR NAME OF BUSINESS)			CONTRACTOR	NAME (IF NOT OWNER)		
	ADDRESS (NUMBER) (STREET)				MAILING ADDRESS (NUMBER) (STREET)		
	CITY	ZIP	TELEPHONE NO.		CITY	ZIP	TELEPHONE NO.

OWNER	NAME (IF NOT OWNER)			PROVIDE CONTRACTOR LICENSE			
	MAILING ADDRESS (NUMBER) (STREET)			SIGNATURE (OWNER OR AGENT) REQUIRED			DATE SIGNED
	CITY	ZIP	TELEPHONE NO.	CELLULAR PHONE NUMBER		EMAIL	

COMPENSATION/LIABILITY INSURANCE:
 (OF CONTRACTOR OR OWNER) PROOF **REQUIRED** FOR EACH APPLICATION

NO. OF TANKS	WORK PERFORMED: NEW, REMOVED, ETC.	TANK CAPACITY GALLONS (Pressurized Gas Cylinders in cu. ft.)	TYPE OF HAZARDOUS MATERIAL STORED OR USED	TYPE OF STORAGE: ABOVE GROUND, BELOW GROUND	TYPE OF SUPPLY: PUMP, PRESSURE, INTERNAL PRESSURE OR GRAVITY	DISTANCE INSTALLED FROM BUILDING	DISTANCE INSTALLED FROM PROPERTY LINE

OTHER HAZARDOUS MATERIALS:
SOIL REMEDIATION:

REPIPE:

MEDICAL GAS / COMPRESSED GAS SYSTEM:

COMMENTS:

FIRE DEPARTMENT USE ONLY

DATE	INSPECTOR'S NAME	COMMENTS

APPLICATION APPROVED:

 DEPUTY FIRE MARSHAL

DATE _____

THE FOLLOWING PERMIT APPLICATION INFORMATION MUST BE PROVIDED:

1. **SITE:** location where the permitted work is to be done.
2. **CONTRACTOR:** lead contractor doing the permit work.
3. **OWNER:** actual property owner if different from site occupant.
4. **SUBCONTRACTOR:** all contractors other than lead contractor. (If sub-contractor is listed for medical or compressed gas system please provide all information).
5. **SIGNATURE:** Signature is **REQUIRED** on each application.
6. **COMPENSATION/LIABILITY INSURANCE:** proof must be provided each time permit work is conducted in the City of San Diego.
7. **NUMBER:** tanks, vessels, cylinders, or other containers being used for each product.
8. **REQUEST TYPE:** new install, remove, repipe, repair, or existing.
9. **TANK CAPACITY:** volume of product in each vessel at normal temperature and pressure in pounds, gallons, or cubic feet.
10. **HAZARDOUS MATERIAL STORED OR USED:** generic name of product used.
11. **PUMP PRESSURE/GRAVITY:** how product is moved throughout system.
12. **LOCATION:** distance of the tanks or containers from the building or property line. If location is inside a building, list "INSIDE" but still list the distance from the property line
13. **OTHER HAZARDOUS MATERIALS/SOIL REMEDIATION:** list hazardous material processes and/or the type of remediation.
14. **REPIPE:** explain the nature of the work being done.
15. **MEDICAL GAS/COMPRESSED GAS SYSTEM:** describe the work being conducted.
16. **COMMENTS:** any brief clarifying statements.
17. **FIRE DEPARTMENTS USE ONLY:** shall be left blank for the Fire Department.
18. A minimum of 2 full size sets of plans and 2 reduced site plan set (11" x 17") shall be provided with the application.
19. This is an application **ONLY**. The permit will be issued **ONLY** upon completion of the project.
20. **(FOR INSPECTION APPOINTMENTS ONLY)** please call 533-4477.
VOICE MAIL CANNOT BE ACCEPTABLE FOR SCHEDULING OR CANCELLING APPOINTMENTS.
21. **ALL BLOCKS OF THE PERMIT APPLICATION MUST BE COMPLETED.** The plans can be reviewed as much as the information allows, but cannot be approved until all information has been provided. **INSPECTIONS WILL NOT BE MADE, AND PERMITS WILL NOT BE ISSUED UNTIL ALL INFORMATION IS COMPLETE.**