

**City of Chehalis Fire Department
HAZARDOUS MATERIAL PERMIT**

Permit Number: _____ Permit Fee (s) \$ _____

Date Permit Issued: ____/____/____ Date Permit Expires ____/____/____

Business Name: _____

Business Address: _____

Permit Location Address: _____

Business Phone Number: (____)____-____

Contact Person: _____

Home Phone Number: (____)____-____ Cell Phone Number: (____)____-____

Type/Name of Hazardous Material: _____

Amount of material in **Pounds**: _____ Amount of material in **Gallons**: _____

Location of Hazardous Material on property: _____

Permission is hereby granted under the provisions of the International Fire Code for:

Name of Company/Business: _____ to:

**THIS PERMIT MUST BE POSTED IN A CONSPICUOUS LOCATION
ON THE PREMISES AT ALL TIMES**

THIS PERMIT IS NOT TRANSFERABLE

Issued under the authority of the City of Chehalis Fire Marshal

Signature: _____

REQUEST FOR HAZARDOUS MATERIALS INFORMATION

You have requested an application for a Hazardous Material Permit. Before reviewing your plans or inspecting your facility, the Fire Marshal requests information concerning storage, handling, and used of the Hazardous Materials at your facility. Hazardous Materials are chemicals or substances, including waste chemicals, which are physical and/or health hazards as defined in the International Fire Code. Hazardous Materials included but not limited to the following examples:

- **COMPRESSED GASSES** such as oxygen, chlorine, ammonia, acetylene, and natural gas.
- **TOXIC MATERIALS** such as pesticides, mercury, and cyanide.
- **ACIDS** such as sulfuric acid, hydrochloric acid, and nitric acid.
- **BASES** such as sodium hydroxide, potassium hydroxide, and ammonia.
- **OXIDIZERS** such as sodium chlorite, hydrogen peroxide, and sodium hypochlorite.
- **SOLVENTS** such as paint thinners, gasoline, toluene, acetone, alcohol, perchloroethylene, trichloroethene, and MEK.
- **COMBUSTIBLE DUSTS:** Such as saw dust.
- **EXPLOSIVE AND BLASTING AGENTS** such as black powder and ammonium nitrate/fuel.
- **CRYOGENIC FLUIDS, WATER REACTIVE MATERIALS, RADIOACTIVE MATERIALS,** and other health hazardous.

Business Name: _____

Address: _____

Phone Number: (_____) _____ - _____

Signature

Date: ____/____/____

HAZARDOUS MATERIALS INVENTORY STATEMENT

Business Name: _____

Address: _____

Phone Number: (____) _____ - _____

DECLARATION:

Under penalty of perjury, I declare the above and any/all subsequent information, provided as part of this hazardous materials permit application and inventory statement, is true and correct.

Signature: _____ Date: ____ / ____ / ____
(Must be signed by owner/operator or designated representative)

Name Printed: _____

Hazard Class	Common/ Trade Name	Chemical Name Components and Concentration	Physical State Gas/Liquid/Solid	Quantity on Hand (Maximum)	Units Gallons and/or Pounds