



HAZARDOUS MATERIALS PERMIT APPLICATION

Fire Marshal's Office

70 W. Hedding Street, East Wing, 7th Floor, San Jose CA 95110-1705

Phone (408) 299-5760

http://firemarshal.sccgov.org

The following information is required in order to process your application:

Type or fill out legibly in pen only.

Job Valuation: \$ _____

JOB LOCATION:

Project Name: _____ APN: _____ - _____ - _____ Building Permit No. _____
Address: _____ City: _____ Zip Code: _____
Cross Street: _____ Bldg. Name: _____ Bldg #: _____

PROJECT DESCRIPTION / SCOPE: _____

SCOPE OF WORK: Spray Booth Piping/Appurtenances Only TGO Monitoring System Hot Work Battery System Other _____

Type of Chemical: _____ Quantity of Acid: _____ **OR** Attached Chemical Inventory List
(Check box)

CONTRACTOR: _____ Email Address (if available): _____

Company Name: _____ Phone: _____ Fax: _____
Mailing Address: _____ City: _____ Zip Code: _____
Contact Name: _____ Phone: _____ Fax: _____

HAVE YOU SUBMITTED TO: Hazardous Materials Compliance Division: Yes, File# _____ No
Building Inspection Office: Yes, PC# _____ No

Submittal shall include but not be limited to the following: A minimum of Three (3) sets of completed plans, a completed permit application form, workers' compensation insurance certificate, manufacturer cut sheets & hazardous materials inventory statement.

Each address or building shall require a separate permit application packet.

WORKERS' COMPENSATION INSURANCE DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

CARRIER: _____ POLICY NO.: _____

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manor so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3700 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

LICENSED CONTRACTOR DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provision of Chapter 9 (commencing in Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

LICENSE CLASS: _____ LIC. NO.: _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all county ordinances and state laws relating to building construction, and hereby authorize representatives of the Santa Clara County Fire Marshal's Office (Santa Clara County Central Fire Protection District) to enter upon the above-mentioned property for inspection purposes.

(We) agree to save, indemnify and keep harmless the Santa Clara County Fire Marshal's Office and Santa Clara County Central Fire Protection District against liabilities, judgments, costs and expenses that may in any way accrue against said Department in consequence of granting this permit.

APPLICANT'S SIGNATURE _____ DATE: _____

PRINT NAME: _____

1/9/09rev

Fee/Amount Paid: _____

Register Invoice#: _____

Date Paid: _____

Office Use Only

PLAN CHECK NO.: _____