



PALO ALTO FIRE DEPARTMENT
FIRE PREVENTION BUREAU
285 Hamilton Avenue
Palo Alto, CA 94301
(650) 329-2981
firepermits@cityofpaloalto.org

RECEIVED DATE:	RECEIVED BY:
HAZMAT PERMIT #	FIRE/BUILDING PERMIT # (IF APPLICABLE)

FIRE DEPARTMENT HAZARDOUS MATERIALS PERMIT APPLICATION

Project Address:		
Contractor <input type="checkbox"/> Designer/Engineer <input type="checkbox"/>		Tenant Information (If Applicable)
Primary Contact:		Business Name:
Company:	License #:	Building/Floor/Suite #:
Address:		Primary Contact:
Phone:	Email:	Phone: Email:
____ I certify that I have a certificate to self-insure, or a Certificate of Worker's Compensation Insurance, or a certified copy thereof.	Policy #: _____ Company: _____	Date: _____ Signature: _____

Please Check Applicable Box

Hazardous Materials (choose all applicable)	
Refrigerants, Ovens/Furnaces, Fume Hoods <input type="checkbox"/>	Med Gas <input type="checkbox"/>
Equipment Installation (Other) <input type="checkbox"/>	Process Piping <input type="checkbox"/>
Radiological/X-Ray Equipment <input type="checkbox"/>	HazMat TCO <input type="checkbox"/>
Provisional Storage Permit <input type="checkbox"/>	Temporary Generator <input type="checkbox"/>
Inverter/UPS <input type="checkbox"/>	Permanent Generator <input type="checkbox"/>
HazWaste Storage Areas <input type="checkbox"/>	Batteries <input type="checkbox"/>
Toxic Gas Sensors <input type="checkbox"/>	Oxygen Deficiency Sensors <input type="checkbox"/>
Gas Monitoring <input type="checkbox"/>	Hazardous Chemicals/Gases <input type="checkbox"/>
UST Repair <input type="checkbox"/>	Other <input type="checkbox"/>
Secondary Containment <input type="checkbox"/>	

