OAKLAND FIRE DEPARTMENT
CLOSURE APPLICATION HAZARDOUS MATERIALS STORAGE FACILITIES

Please complete and submit this form prior to the closure of any hazardous materials storage system or facility. Based on the information submitted below, and the complexity of the closure, a written Closure Plan may be required (see guidelines).

1. Facility Information: *(Note: Print or type all information.)*

Facility Name: _____ Facility Phone: (_____) _____

Site Address: _____

City: _____ State: CA Zip: _____

Contact Name: _____ Contact Phone: (_____) _____

Forwarding Address: _____

City: _____ State: _____ Zip: _____ Phone No.: (_____) _____

Property Owner Name: _____

Property Owner Mailing Address: _____
If different from site address

City: _____ State: _____ Zip: _____ Phone No.: (_____) _____

2. Closure Information:

❑ Full Facility Closure ❑ Partial Facility Closure/Remodel | Proposed Date of Closure: ____/____/____.

Briefly describe the proposed closure activity. Indicate the previous use(s) of the area(s) intended to be closed and the types of chemicals used or stored in the area(s) (i.e. by submitting a copy of the Inventory Statements from your Hazardous Materials Business Plan, etc.). Include equipment, tanks, piping, exhaust and treatment systems, and the proposed final disposition of any hazardous materials and/or wastes. Attach additional pages if necessary.

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Applicant/Agent's Name *(Print)*: _____ Title: _____

Signature of Applicant/Agent: _____ Date: ____/____/____.

Agency Use Only

Application: ❑ approved ❑ disapproved	Closure Plan: ❑ required ❑ not required	Inspection: ❑ required ❑ not required

Fee Received: $ _____ Receipt No.: _____ Date: ____/____/____.

Comments: _____

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Staff: _____ Date: ____/____/____.