



# CLIFTON HAZARDOUS MATERIALS CONTROL BOARD APPLICATION

As per Clifton City Ordinance 45-7 (Materials to be Filed)-This application is required for all Businesses storing or manufacturing Hazardous Materials

Facility Name: \_\_\_\_\_ Date of Appearance: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Previous Location: \_\_\_\_\_

### Site History

Former Use Group: \_\_\_\_\_ Intended Use Group: \_\_\_\_\_

Description of Facility Operation:

\_\_\_\_\_  
\_\_\_\_\_

Number of Employees: \_\_\_\_\_

Hours/Days of Operation: \_\_\_\_\_

### Property Information

Building Size in Sq. Ft:	Length:	Width:	Height:	# Floors:
_____	_____	_____	_____	_____

Size of Lot:	Number of parking spots:	Outdoor Storage (Shipping containers, Etc.):
_____	_____	_____

Types of Construction:	Sprinkler System (Wet/Dry):	Security System (Y/N):	Lock Box (Knox Box):
_____	_____	_____	_____

Site Plan (Y/N): \_\_\_\_\_

Please attach if applicable.



Mechanical Ventilation (Y/N): \_\_\_\_\_ If Yes What is The Total of Air Exchanges: \_\_\_\_\_

Emission Reducing Equipment: \_\_\_\_\_

Drainage/Sewer System (Oil Separator): \_\_\_\_\_

Property Insurance Company Name: \_\_\_\_\_

Liability Insurance Company Name: \_\_\_\_\_

Materials Used on Site

Lithium Batteries (Y/N): \_\_\_\_\_

Please use the attached Chemical list for each Chemical stored on site. (Make copies as necessary)

Non-Hazardous Type & Amount: \_\_\_\_\_

Any other information pertinent to this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION MUST BE COMPLETELY FILLED OUT TO BE ACCEPTED.**

**\*\*SAFETY DATA SHEETS (SDS) FOR CHEMICALS MUST BE ATTACHED FOR APPLICATION APPROVAL. \*\***

I hereby certify that the foregoing information provided in this application is true. I am aware that if any of the foregoing information provided by me is willfully false, I am subject to punishment and/or revoking of the Hazardous Materials Control Board Approval on the Certificate of Business Compliance.

\_\_\_\_\_  
Submitted By

\_\_\_\_\_  
Date



# Chemical List

Chemical Name: \_\_\_\_\_

Physical State (Solid, Liquid, Gas): \_\_\_\_\_

Maximum Amount in Inventory: \_\_\_\_\_

Storage Type: \_\_\_\_\_

Container Size (5 Gallon, 55 Gallon, etc.): \_\_\_\_\_

### Storage Location in facility

Piled Storage(Y/N): \_\_\_\_\_ Location and Height: \_\_\_\_\_

Rack Storage(Y/N): \_\_\_\_\_ If yes, # of Tiers: \_\_\_\_\_ Storage Height: \_\_\_\_\_

In Rack Sprinklers(Y/N): \_\_\_\_\_ Shelving Type (wire, pallet, mesh etc.): \_\_\_\_\_

Double or Single Rack: \_\_\_\_\_ Double Rack Width: \_\_\_\_\_

Double Rack Flue Space: \_\_\_\_\_ Aisle Space Between Racks (Y/N): \_\_\_\_\_

Distance Between Racks : \_\_\_\_\_

NFPA Hazard Code (0-4): Refer to Section 16 of Safety Data sheet (SDS)

Health: <span style="background-color: cyan; border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	Fire: <span style="background-color: red; border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	Reactivity: <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	Specific Hazard: _____
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Ingredients: Refer to section 3 of SDS. Please list top 4 ingredients

Ingredient Name	CAS-#	Weight %

Disposal Required (Y/N)	Hazardous Waste Removal Company	Mode of transport (Rail, highway, water or air)

**MUST attach Chemical Safety Data Sheet (SDS)**

Updated October 2023



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Ingredient Name	CAS-#	Weight %

Disposal: Refer to sections 13 and 14 of SDS

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