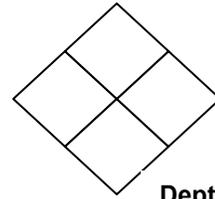




City of Tempe
HAZARDOUS MATERIALS INFORMATION



Permit Number: _____

Plan Check No. New _____
Add. _____
Alt. _____

Dept. Use Only

JOB ADDRESS	OWNER
SIZE OF NEW BUILDING OR ADDITION	USE OF NEW BUILDING OR ADDITION
PRESENT USE OF EXISTING BUILDING AREAS	DOING BUSINESS SINCE? (YEAR)
OCCUPANCY NAME	RESPONSIBLE PARTY/EMERGENCY COORDINATOR PHONE:

Does building have a fire sprinkler system? Yes or No _____
 Do You Generate Hazardous Waste? Yes or No _____ How Much Do You Generate Per Month? _____
 How Do You Dispose of Your Hazardous Waste? _____
 Have You Ever Done Business In Arizona Before? Yes or No _____
 Under What Name? _____ Address _____
 Contingency Plan? Yes or No Location: _____

Indicate by a Yes or No for each of the following Hazardous Materials whether they are to be used, processed or stored in this building or property. (See definitions on back)

Combustible Dusts _____	Flam/Combust Materials _____	Radioactive Materials _____
Combustible Fibers _____	Flammable Solids _____	Toxic Materials _____
Compressed Gases _____	Highly Toxic Materials _____	Other Health Hazards _____
Toxic/Poisonous Materials _____	Liquid & Solid Oxidizers _____	Solids _____
Corrosive Material _____	Organic Peroxides _____	Liquids _____
Cryogenic Fluids _____	Pesticide _____	Gases _____
Explosive/Blasting Agents _____	Unstable (Reactive) Material _____	

Indicate equipment or process involving any of the above material:

Hydraulic Equipment _____	Dust Collectors _____	Drying Rooms _____	Fiberglass Operations _____
Indust/Medical Gas _____	Electro Plating _____	Flow Coaters _____	Baler or Shredder _____
Picking or Garnetting _____	Spray Painting _____	Dip Tanks _____	Aboveground Tanks _____
Magnesium Processing _____	Oven Process _____	Dry Cleaning _____	Underground Tanks _____
Molten Salt Baths _____	Welding/Cutting _____	Scrubbers _____	Others _____

On reverse side, list any Hazardous Materials indicated above. Show maximum quantities in use, storage or processing and show flash point of flammable and combustible liquids. Provide Material Safety Data Sheets for each chemical listed.

I certify that the information contained in this Report is true and correct to the best of my knowledge. I understand that any false statements or misrepresentations may result in the revocation of my certificate of occupancy and/or criminal prosecution. Violations of statutes and regulations pertaining to the use, handling and disposal of hazardous substances may result in criminal and/or civil prosecution. (A.R.S. § 49-261, 262, 263 and § 49-923, 924, 925) Changes in quantity, process or type of hazardous substances referred to in this Report must be submitted to the Development Services Department (P.O. Box 5002, Tempe, AZ 85280) within 14 days of the change becoming effective.

Printed Name: _____ Signature: _____

Printed Title: _____ Date Signed: _____

DEVELOPMENT SERVICES DEPARTMENT USE
480-350-8341

Occupancy Classification _____ Date _____

By _____

Comments _____

