Building and Fire Code Enforcement

6 South Park Street Clyde, NY 14433

Thomas M. Sawtelle - Code Enforcement Officer

(315) 923-3971 Village of Clyde (315) 923-7259 Town of Galen

Protecting lives and property through building safety education, cooperation and enforcement

HAZARDOUS MATERIALS FACILITY CLOSURE APPLICATION

As required by the Fire Code of New York State, Sections 407.7 and 2701.5, please complete and return the following closure application at least 30 days prior to the closure of any hazardous materials storage system or facility. Enter "N/A" for any items that do not apply to your situation. Based on the information submitted below, and the complexity of the closure, a written Closure Plan may be required. After all hazardous materials are removed, call us at the above number to schedule a final walk-through inspection. NOTE: If removing any structures (storage tanks, sheds, oil / water separators, etc.), a separate building permit application is required.

FACILITY INFORMATION:

Business Name: _____

Facility Address: _____

Contact Name: _____

Contact Phone Number: _____

Forwarding Address: _____

_____

Property Owner Name: _____

Property Owner Address: _____

_____

Property Owner Phone: _____

Has owner been notified of closure? _____
yes / no

CLOSURE INFORMATION:

Proposed Date of Closure: _____/_____/_____

[ ] Full Facility Closure
[ ] Partial Facility Closure

If partial closure, specify name and location of closed area(s): _____

_____

_____

Is a new business expected to occupy this location after closure of the facility? _____
yes / no

If yes, please provide new business information if known: _____

_____

Is the facility expected to have a new owner or operator? _____
yes / no

Has a closure plan been submitted to any other agency? _____
yes / no

If yes, name of agency: _____

1. Disposition of all hazardous materials:

   [ ] Returned to supplier / manufacturer. (List chemicals and suppliers on separate sheet.)

   [ ] Moved to new location. (List chemicals on separate sheet.)

   New Facility Address: _____

   _____

   [ ] Shipped off site by Hazardous Waste Hauler (see #2 below).

   [ ] Other method of disposal (provide description): _____

2. Company removing all hazardous wastes:

   Name: _____

   Company Address: _____

   _____

   Phone Number: _____

Are all hazardous waste manifests or bills of lading showing proof of transport attached? _____
yes / no

3. 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 Hazardous Materials Notification Form, 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.

   _____

   _____

   _____

   _____

Check all boxes relating to the facility to be closed:

[ ] Generated hazardous waste
[ ] Underground tanks #_____
[ ] Aboveground tanks #_____
[ ] Waste treatment system
[ ] Discharges to sanitary sewer
[ ] Dry cleaner
[ ] Photo developer
[ ] Compressed gas cylinder(s)
[ ] Scrubbers/fume hoods/ducting
[ ] Radioactive materials
[ ] Biohazards
[ ] Vehicle or engine maintenance
[ ] Parts washer
[ ] Degreaser unit
[ ] Plating shop
[ ] Semiconductor fabrication
[ ] Flammable/combustible liquids
[ ] Barrel/drum storage
[ ] Containment area
[ ] Chemical storage cabinets
[ ] Sumps, hoists
[ ] Oil separator

Will the inspector have access to all parts of the facility: _____
yes / no

4. If this building is equipped with fire protection equipment (sprinklers, fire alarm, etc.), this equipment must continue to be maintained and tested periodically per the Fire Code of New York State. Enter the name of the person / company responsible for maintaining this equipment for the building:

Responsible Party Name: _____

Mailing Address: _____

_____

Phone Number: _____

Indicate below the fire protection equipment located in this building and the last date it was tested:

	Fire Protection Equipment	Date of Last Test
[ ]	Fire alarm system	/ /
[ ]	Sprinkler system	/ /
[ ]	Standpipe system	/ /
[ ]	Fire pump	/ /
[ ]	Private fire hydrants	/ /
[ ]	Engineered extinguishing systems*	/ /

*spray booth, kitchen hood and duct, computer rooms, chemical storage rooms

I hereby certify that I have read this application and state that the above information is correct. I agree to comply with all federal, state and local laws and regulations relating to closure of the facility and disposal of hazardous waste and hereby authorize representatives of the Code Enforcement Office, Fire Department, and Department of Public Works to enter upon the above-mentioned property for inspection purposes.

_____ / /
Applicant Name (Signature) Date

_____ _____
Applicant Name (Printed) Title

Office Use Only

Application: [ ] Approved
[ ] Disapproved

Closure Plan: [ ] Required
[ ] Not Required

Date of Final Inspection: _____/_____/_____

Fee Received: $ _____ (Fire Inspection)

Final Inspection Results:

Notes / Comments:

Other permits issued, if any:

[ ] Operating Permit (new business / transfer): _____/_____/_____

[ ] Permit for Demolition / Removal: _____/_____/_____

[ ] Other: _____ _____/_____/_____

_____ _____/_____/_____
Inspector Signature Date

COPIES TO: *Property File* *Fire Department* *DPW* *Other*: _____