



OLATHE FIRE DEPARTMENT
C/O CUSTOMER SERVICE
P O BOX 2100
OLATHE KS 66051-2100
913-971-6333 (OLATHE FIRE)
WWW.OLATHEKS.ORG/FIRE/HAZMAT2012.PDF
hazmat@olatheks.org



2012
HAZARDOUS MATERIALS STORAGE PERMIT APPLICATION

Use this information to renew or apply for the 2012 Hazardous Materials Storage Permit. Complete the attached application and return in it with other required items along with your remittance. The fee, established by the Olathe Municipal Code 16.05-064, is \$100.00 for each permit year. *Please note that if you have a 2011 permit, it expires December 31, 2011.*

Have you included all required information?

- 1. APPLICATION (IFC 2000 105.2)
COMPLETED, SIGNED, AND DATED
REQUIRED ANNUALLY
- 2. SIGHT PLAN OR LAYOUT OF BUSINESS
(IFC 200 407.6) **REQUIRED FOR 2012**
- 3. CHEMICAL LISTING AND QUANTITY
(IFC 2000 407.5)
(NO MSDS sheets)
REQUIRED ANNUALLY See reverse side for
template
- 4. PERMIT FEE (OMC 16.05-064-(A))
REQUIRED ANNUALLY
\$100.00 – PAYABLE TO CITY OF OLATHE

ATTENTION HOME OFFICES: *As a courtesy, we bill you. However, it is up to the local facility to be in compliance. If any requested items are missing, the local businesses will be contacted. If citations are written, it will be to the local business.*

Customer Service
P O Box 2100
Olathe KS 66051-2100


To pay by Visa or MasterCard: email your packet to hazmat@olatheks.org. Advise us you would like to pay by Visa or MasterCard with a contact name and telephone number.

Mail packet to:

The permit will be mailed to your place of business upon receipt of all requested items. *Home offices: you will get the original. Please forward to the local facility.*

Thank you for your attention in this matter. Should you have any questions, please contact my office at 913-971-6333.

Sincerely,


Bradley E. Henson, Fire Marshal
Chief of Community Risk Management



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 P O BOX 2100
 OLATHE KS 66051-2100
 913-971-6333 (VOICE)
 913-971-7905 (FAX)
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hazmat@olatheks.org



2012 Olathe Fire Department Application for Hazardous Materials Storage Permit

PLEASE PRINT OR TYPE ALL INFORMATION

Local d/b/a Business Name: _____

Local Telephone No.: () _____ Local Fax No. () _____

Local Storage Address Location: _____
 Street Address P O Box City State Zip

Billing Address: _____
 Street Address P O Box City State Zip

Name Of Local (Key holder) Emergency Contact #1: _____

Local (Key holder) Emergency Contact #1 24/7 Emergency Phone: _____

Email Address: _____

Name Of Local (Key holder) Emergency Contact #2: _____

Local (Key holder) Emergency Contact #2 24/7 Emergency Phone: _____

Email Address: _____

Type Of Business _____ Business Website _____

STATEMENT

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, AND THAT I AM THE OWNER, OR THE DULY AUTHORIZED AGENT OF THE OWNER. THIS APPLICATION DOES NOT CONSTITUTE A PERMIT UNTIL ALL ITEMS HAVE BEEN SUBMITTED, FEES HAVE BEEN PAID, AND APPLICATION APPROVED BY THE OLATHE FIRE DEPARTMENT, COMMUNITY RISK MANAGEMENT DIVISION MEMBER. ALL PERMITS OR CERTIFICATES ISSUED SHALL BE PRESUMED TO CONTAIN THE PROVISIO THAT THE APPLICANT, HIS AGENTS, AND EMPLOYEES SHALL CARRY OUT THE PROPOSED ACTIVITY IN COMPLIANCE WITH THE LAWS AND REGULATIONS APPLICABLE HERETO, WHETHER SPECIFIED OR NOT, AND IN COMPLETE ACCORDANCE WITH APPROVED PLANS AND SPECIFICATIONS. ANY PERMIT OR CERTIFICATE WHICH PURPORTS TO SANCTION A VIOLATION OF AN APPLICABLE LAW OR REGULATION SHALL BE VOID AND ANY APPROVAL OF PLANS AND SPECIFICATIONS IN THE ISSUANCE OF SUCH PERMIT SHALL LIKEWISE BE VOID. THIS PERMIT IS NON-TRANSFERRABLE.

 SIGNATURE (OWNER OR AGENT) PRINT NAME DATE

HAVE YOU SUBMITTED?

<input type="checkbox"/> 1. APPLICATION (IFC 2000 105.2) COMPLETED, SIGNED, AND DATED REQUIRED ANNUALLY	FOR OFFICE USE ONLY: APPLICATION
<input type="checkbox"/> 2. SIGHT PLAN OR LAYOUT OF BUSINESS (IFC 200 407.6) REQUIRED FOR 2012	Denied <input type="checkbox"/> Date _____ Reason 1 2 3 4
<input type="checkbox"/> 3. CHEMICAL LISTING AND QUANTITY (IFC 2000 407.5) (NO MSDS sheets) REQUIRED ANNUALLY See reverse side for template	Approved <input type="checkbox"/> Date _____
<input type="checkbox"/> 4. PERMIT FEE (OMC 16.05-064 (A)) REQUIRED ANNUALLY \$100.00 – PAYABLE TO CITY OF OLATHE	ISSUED BY: -
	PERMIT NUMBER:

over

**2012 Olathe Fire Department Application for Hazardous Materials Storage Permit
Chemical Listing and Sight Plan**

Please type or print legibly all information

Business Facility Name _____

Facility Phone Number: _____

Facility Storage Address: _____ - _____
Zip

<i>Product Name</i>	<i>Scientific/Chemical Name</i>	<i>Weight Oz, Pounds, Gallons, Drum, Tank</i>	<i>Maximum Qty</i>	<i>UN or CAS # If applicable</i>	<i>Storage Area</i>

Required for 2012 - Updated Sight Plan Drawing may go here: