



Department of Planning and Development
Toxics Management Division

**CLOSURE APPLICATION FOR HAZARDOUS
MATERIALS STORAGE FACILITIES**

For Dept Use Only – Log In/Date Stamp

Assigned to:

Please complete and submit this form no less than 45 days prior to the start of closure activities of any aboveground hazardous materials storage area 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: _____ Berkeley, CA Zip: _____

EPA ID Number: _____

Contact Name: _____ Contact Phone:(____)_____

Forwarding Address: _____

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

Property Owner Name: _____

Property Owner Mailing 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, all subsurface hazardous material containment such as sumps, baths, etc., and the proposed final disposition of any hazardous materials and/or wastes. Attach additional pages if necessary.

I hereby certify, under penalty of perjury, that the information contained in this Closure Application is, to the best of my knowledge, true and correct.

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

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

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Application: <input type="checkbox"/> approved <input type="checkbox"/> disapproved	Closure Plan: <input type="checkbox"/> required <input type="checkbox"/> not required	Inspection: <input type="checkbox"/> required <input type="checkbox"/> not required
Current Balance (MR) _____	Remove file from S: drive: <input type="checkbox"/>	
Closure Fee: \$ _____	Receipt No.: _____	Date: ____/____/____.
Comments: _____ _____ _____		
Staff: _____	Date: ____/____/____.	