



JAMES GASPARINI
MAYOR

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FIRE PREVENTION/OEM



HAZARDOUS CHEMICAL CONTROL APPLICATION

PERMIT FORM

Applicant: _____ Permit#: _____ Date Filed: _____
Address: _____ Tel: _____
Block: _____ Lot: _____ Construction: _____
Number Stories: _____ Work Done: _____

Date Issued: _____ Exp. Date: _____

The above named (Individual, Business) has made application to (Manufacture, Process, Handle, Use, Store) the following Hazardous Chemicals.

Hazardous Material	CAS Number	DOT Number	Inventory Max Amount	Inventory Storage Location	Fee Amt
1. : _____	: _____	: _____	: _____	: _____	: _____
2. : _____	: _____	: _____	: _____	: _____	: _____
3. : _____	: _____	: _____	: _____	: _____	: _____
4. : _____	: _____	: _____	: _____	: _____	: _____
5. : _____	: _____	: _____	: _____	: _____	: _____
6. : _____	: _____	: _____	: _____	: _____	: _____
7. : _____	: _____	: _____	: _____	: _____	: _____
8. : _____	: _____	: _____	: _____	: _____	: _____
9. : _____	: _____	: _____	: _____	: _____	: _____
10. : _____	: _____	: _____	: _____	: _____	: _____

Addition Material (see attached) \$: _____

Annual Permit to Operate: \$: _____

Total Hazardous Chemical Control fee: \$: _____

In accordance with the provisions set forth in **Local Ordinance #758** and other Federal, State and Local Regulations having Jurisdiction.

STATEMENT

I hereby acknowledge that I have read this application, that the information given is correct, and that I am owner, or duly authorized to act in the owner's behalf and as such agree to comply with the applicable requirements of the Hazardous Chemical Control Ordinance.

Signed: _____

Title: _____