



# TOWNSHIP OF FAIRFIELD

230 FAIRFIELD ROAD, FAIRFIELD, NJ 07004-2460



WILLIAM F. SMITH, FIRE MARSHAL  
Bureau of Fire Prevention  
Hazardous Chemical Control  
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## HAZARDOUS CHEMICAL CONTROL APPLICATION PERMIT FORM

Permit# \_\_\_\_\_ Date Filed: \_\_\_\_\_  
Applicant: \_\_\_\_\_ 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: \_\_\_\_\_