



ANAHEIM FIRE & RESCUE
Hazardous Materials Section
 201 S. Anaheim Blvd., Suite 300
 Anaheim, CA 92805
 (714) 765-4040
 www.anaheim.net/hms

FEA# _____

PERMIT APPLICATION

SITE NAME _____

SITE ADDRESS _____

Specification and Requirements are available at www.anaheim.net/hms
 Please review prior to permit application submittal.
 Make checks payable to: **CITY OF ANAHEIM**

PLAN CHECK INFORMATION		CONTRACTOR INFORMATION	
COMPANY NAME		COMPANY NAME	
ADDRESS		ADDRESS	
CITY, STATE ZIP		CITY, STATE ZIP	
PHONE NUMBER	()	PHONE NUMBER	()
EMAIL		EMAIL	
PLAN CHECK CONTACT		JOB SITE CONTACT	
		CSLB LICENSE	

Underground Storage Tank (UST) Permits

<input type="checkbox"/> UST Modification \$506.00 for up to four (4) hours <input type="checkbox"/> Public Works AND Planning Review Required	<input type="checkbox"/> UST Installation \$1012.00 for up to eight (8) hours <input type="checkbox"/> Public Works AND Planning Review Required
<input type="checkbox"/> UST Removal \$759.00 for up to six (6) hours <input type="checkbox"/> Public Works AND Planning Review Required	<input type="checkbox"/> UST Temporary Closure \$506.00 for up to four (4) hours <input type="checkbox"/> Public Works AND Planning Review Required
<input type="checkbox"/> UST Abandonment-in-Place \$506.00 for up to four (4) hours <input type="checkbox"/> Public Works AND Planning Review Required	<input type="checkbox"/> Remove flammable/combustible liquids or change contents in UST \$126.50 for up to one (1) hour

Hazardous Materials Permits

<input type="checkbox"/> Facility Closure \$253.00 per facility for up to two (2) hours

Other Services

<input type="checkbox"/> Additional Plan Check Hours Plan check and inspection activities that require additional time will be assessed at \$126.50 per hour, which will be assessed at the completion of the project.	<input type="checkbox"/> Laserfiche Fee Only for plans over 8 1/2 x 11. Actual cost charged by outside vendor will be assessed at the completion of the project.
<input type="checkbox"/> Expedited Plan Check \$253.00 for review within two (2) business days of submittal	

Applicant's Name (please print) _____

Applicant's Signature _____ Date: _____

OFFICE USE ONLY

Amount Received: _____ Date _____	Approved By: _____
<input type="checkbox"/> Credit Card _____ <input type="checkbox"/> Check No. _____	Approval Date: _____