



HAZARDOUS MATERIALS CHECKLIST

City of Anderson Development Services
Building Division
1887 Howard St., Anderson, CA 96007
(530) 378-6636 FAX (530) 378-6666

This portion of the Building Permit Application is applicable to all buildings **EXCEPT RESIDENTIAL**.

Every applicant for a Building Permit must complete this portion of the permit application regarding Hazardous Materials handling, storage, use, processing, emitting or disposal and, when appropriate, obtain specific approvals from the Shasta County Environmental Health Department and/or the Air Quality Management District located at 1855 Placer Street, Redding, California.

Hazardous materials shall include such materials, but shall not be limited to, the following:

Flammable, combustible, corrosive, radioactive, oxidizing, toxic, poisonous gases, reactive, unstable, hyperbolic, and pyrobhoric and substance or mixing of substances which are an irritant, a strong sensitizer, or which generate pressure through exposure to heat, decomposition or other means, a Materials Safety Data Sheet (MSDS) was completed for the material, the substance is listed pursuant to Title 49 of the Code of Federal Regulations, materials listed in Subsection (b) of Section 6382 of Labor Code.

Whether solid, liquid or gas, all hazardous materials are regulated as specific quantities; and if you are unsure of the rules, please contact the Environmental Health and Air pollution officers before answering the following questions.

1. YES My project, or a future occupant of the proposed structure(s) while under my control, will
 NO be emitting hazardous materials or gases. Type and quantities of hazardous materials
 MAYBE are listed on the attached sheet(s). (Three [3] copies required).

2. YES My project, or a future occupant of the proposed structure while under my control will be handling,
 NO storing, using, processing or disposing of hazardous materials. Type and quantities of hazardous
 MAYBE materials are listed on the attached sheet(s). (Three [3] copies required).

3. YES My project will be located within 1,000 feet of a school, hospital or long-term care facility.
 NO

Owner's Signature:

Date:

Project Address:

Plan Check Number: