



# CITY OF NEWPORT BEACH

## COMMUNITY DEVELOPMENT DEPARTMENT

### BUILDING DIVISION

100 Civic Center Drive | P.O. Box 1768 | Newport Beach, CA 92658-8915

[www.newportbeachca.gov](http://www.newportbeachca.gov) | (949) 644-3200

## HAZARDOUS MATERIALS QUESTIONNAIRE

If the answer to any of the questions below is yes, applicant must contact the Fire Prevention Office, 100 Civic Center Drive, P.O. Box 1768, Newport Beach, CA 92658-8915. Telephone: (949) 644-3106.

<i>Business Name</i>	<i>Contact Person</i>	<i>Telephone</i>	
<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Site Address</i>	<i>City</i>	<i>Zip</i>	

- |    | YES                      | NO                       |   |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Will your business activity generate Hazardous Waste in any quantity, in any physical form (solid, liquid, gas)?  |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Will your business at any one time store, use or handle Hazardous Substances in quantities equal to or greater than 55 gallons, 500 pounds or 200 cubic feet of compressed gas? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Will your business store, use or handle Carcinogens or Human Reproductive Toxins in any amount?   |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Will your business use an existing or install an Underground Storage Tank for Hazardous Substances or Hazardous Wastes?   |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Will your business store, use or handle Acutely Hazardous Materials?  |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | If your business will be handling Acutely Hazardous Materials, will your business be located within 1,000 feet from the outer boundary of a school?                             |

Briefly describe the nature of the business activity: \_\_\_\_\_

\_\_\_\_\_

<i>Printed Name of Respondent:</i>	<i>Circle one:</i>	owner	lessee	agent
		tenant	architect	engineer

I declare under penalty of perjury that to the best of my knowledge and belief the responses made herein are true and correct.

\_\_\_\_\_  
*Signature of Respondent* \_\_\_\_\_  
*Date*

For NBFD-Fire Prevention Use Only Business Plan Required	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Reviewed By: _____ Date: _____
			Plan Check No. _____