



Public Health Department

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Environmental Health Division

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**APPLICATION FOR PERMIT TO CLOSE OR REMOVE
UNDERGROUND HAZARDOUS MATERIALS STORAGE TANK(S)**

Name of Establishment: _____

Assessor's Parcel #: _____

Site Address/Location: _____

Mailing Address: _____

Tank Owner: _____

Telephone: _____

Tank Owner's Address: _____

Applicant's Name: _____

Telephone: _____

Mailing Address: _____

Email: _____

Closure Methods Proposed: _____

Proposed Disposition of Tank(s): _____

Closure Contractor: _____

Telephone: _____

Mailing Address: _____

License #: _____

Email: _____

License Type: _____

Workers' Compensation Declaration: I hereby affirm under penalty of perjury one of the following declarations:

- I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
- I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of work for which this permit is issued. My workers' compensation insurance carrier and policy number are:
Carrier: _____ Policy Number: _____
(The above sections need not be completed if the permit is for work of a valuation of one hundred dollars (\$100) or less).
- I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Signature of Applicant _____

DATE : _____

ATTACHMENTS TO BE INCLUDED: Closure Workplan

Site Specific Health & Safety Plan

Date Recd _____

Date Recd _____

PERMIT FEES:

Number of Tanks: _____

Plan Review: _____

Permanent Closure Fee: _____

TOTAL FEES: _____

DEPARTMENT USE ONLY:

Receipt No. _____

Date _____

Permit Issued _____ By _____

EXPIRATION DATE _____