

BUTTE COUNTY DEPARTMENT OF PUBLIC HEALTH  
Division of Environmental Health  
202 Mira Loma Dr., Oroville, CA 95965  
Telephone (530) 552-3880; Fax (530) 538-5339

**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.

DATE: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

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 \_\_\_\_\_