

**City of Laredo**  
**Environmental Services Department**  
**Hazardous Materials Division**  
**Hazardous Materials Management Permit**  
**(956)794-1650**

Date:

NOTE: No refund or rebate of a permit fee shall be allowed by reason of the fact that the permit is denied or the permittee discontinues the activity or use of a facility prior to the expiration of the term or that the permit is suspended or revoked prior to the expiration of the term.

**FACILITY IDENTIFICATION**

Name of Facility:   
Address:  City:   
State:  Zip Code:  Phone:  Fax:   
email:  PIN:

**OWNER OR OPERATOR**

Name:  Phone:  Fax:   
Address:  City:  State:   
Zip Code:

**TYPE OF PERMIT** (Check as applicable)

Full       Provisional       Temporary       New       Renewal       Modification

**PERMIT CLASSIFICATION REQUESTED** (Check as applicable)

New Long Term Storage Facility       Existing Long Term Storage Facility  
 Long Minimal Storage Facility       Short Term Storage Facility  
 Temporary Storage Facility       Out-of-service Storage Facility  
 Temporary Out-of-service Storage Facility

**RESPONSIBILITY FOR COST OF REMEDIATION**

Name:  Phone:   
Address:  City:  State:   
Zip Code:

**EMERGENCY CONTACT**

Name:  24 Hour Phone:   
Address:  City:  State:   
Zip Code:

**ATTACHMENTS/INCLUSIONS REQUIRED** (Check to indicate inclusion)

Hazardous Materials Management Plan       Hazardous Materials Inv. Statement       Permit Fee  
Construction Plans for LTST per Sec. 33-71       Building Floor Plan in HMMP  
 General Site Plan in HMMP       Drawing of Separation of Incompat. Mat'ls.  
 Drawing of Drainage System Mgt.       Employee Training Certification  
 Closure Plan (per Sec 33-19 if applicable)       Permit Quantity Limit Requested  
 Emergency Response Plan       Proof of Liability Insurance

**AUTHORIZED REPRESENTATIVE SUBMITTING APPLICATION**

Name:  Title:

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Permit Number: \_\_\_\_\_ Lock No. \_\_\_\_\_

Date Approved: \_\_\_\_\_ Date Disapproved: \_\_\_\_\_  
Approved By: \_\_\_\_\_ Disapproved By: \_\_\_\_\_  
Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
Receipt #: \_\_\_\_\_ Reasons: \_\_\_\_\_  
FeeAttached: \_\_\_\_\_ Check No. \_\_\_\_\_ Date: \_\_\_\_\_