



**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: \_\_\_\_\_