

Hazardous Substance Permit

4350 Peppermill Road
P.O. Box 86
Attica, MI 48412
atticatownship.org



Name of Business: _____ Business Address: _____

Business Owner Contact Name: _____

Phone: _____ Email: _____ Fax: _____

Will the proposed facility store, use, or generate hazardous substances or polluting material (including petroleum-based products) now or in the future? ☐ Yes ☐ No Anticipated Number of Substances: _____

Will the hazardous substances or polluting materials be reused or recycled on-site? ☐ Yes ☐ No

Please list the hazardous substances and polluting materials (including chemicals, hazardous materials, petroleum products, hazardous wastes and other polluting materials) which are expected to be used, stored or generated on-site. Quantities should reflect the maximum volumes on hand at any time. Attach additional pages if necessary to list all hazardous substances and polluting materials.

Common Name	Chemical Name	Form*	Max Quantity on Hand at One Time	Type of Storage*

***Form Key:** liq = Liquid, P. Liq = Pressurized liquid, S = Solids, G = Gas, P.G. = Pressurized gas

***Type of Storage Key:** AGT = Aboveground tank, DM = Drums, UGT = Underground tank, CY= Cylinders, CM = Metal cylinders, CW = Wooden or composition container, PT = Portable tank

I do hereby swear that all statements, signatures, descriptions and exhibits submitted on or with this application are true and accurate to the best of my knowledge and that I am authorized to file and act on behalf of all owners of the subject property.

Name: _____ Signature: _____ Date: _____

By signing this application, I consent to Township Officials coming onto the subject property to evaluate this application.

Official Use Only

Received By: _____ Received Date: _____ Case #: _____ Fee Paid: _____

Final Decision By: _____ Decision Date: _____

☐ Approved ☐ Approved with Conditions ☐ Denied

Conditions/Notes: _____

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[illegible]