



842 Salem Street  
 Chico CA 95928  
 (530) 897-3400  
 (530) 895-4931 FAX

# Business Emergency Response Plan

## I. FACILITY/SITE INFORMATION

DBA / Facility Name: \_\_\_\_\_ Business Type: \_\_\_\_\_  
 Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Operator Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ No. Empl.: \_\_\_\_\_

## II. PROPERTY OWNER INFORMATION

Name: \_\_\_\_\_  Individual  Partnership  Corporation  
 Mailing Address: \_\_\_\_\_  Local Agency  County-Agency  State/Federal-Agency  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

## III. RESPONSIBLE PARTY INFORMATION

Name: \_\_\_\_\_  Individual  Partnership  Corporation  
 Mailing Address: \_\_\_\_\_  Local Agency  County-Agency  State/Federal-Agency  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

## IV. LEGAL NOTIFICATION AND BILLING ADDRESS

Check one box indicating which above address should be used for legal notifications/billing: I.  II.  III.

## V. 24-HOUR EMERGENCY INFORMATION

|                       |                       |
|-----------------------|-----------------------|
| Name: _____           | Name: _____           |
| Title: _____          | Title: _____          |
| Business Phone: _____ | Business Phone: _____ |
| 24-Hour Phone: _____  | 24-Hour Phone: _____  |
| Pager No: _____       | Pager No: _____       |

## VI. Any hazardous materials (includes all wastes), flammable / combustible liquids (more than 5 gallons inside a building or 10 gallons outside a building), or mixtures of non-waste containing amounts shown in UFC, Table 105-A,B&C.

Yes  No *If yes, fill out attached form(s)*

NOTE: If you are required to submit an Emergency Response Plan to Butte County Environmental Health, you can submit a copy of that plan in place of this application.

If there is any change which would materially affect any answer above, I will inform the City and apply for an appropriate amendment to this emergency plan. I declare under penalty of perjury that the foregoing information is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_  
 Printed Name & Title of Applicant

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

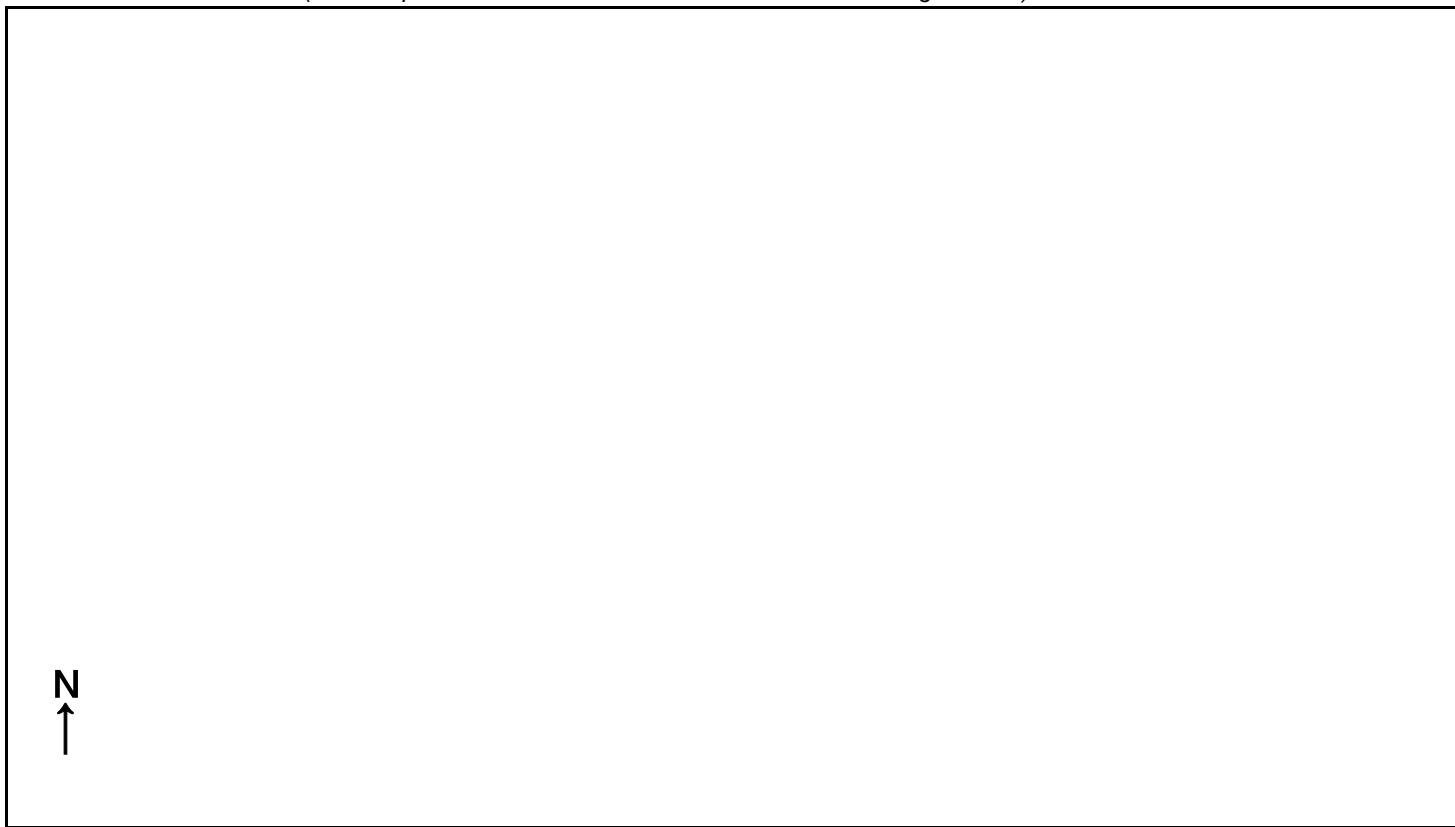
|                        |                   |                                 |
|------------------------|-------------------|---------------------------------|
| <b>OFFICE USE ONLY</b> |                   | Issued: _____                   |
| Fees Paid: _____       | Receipt No: _____ | Permit No: _____ Expires: _____ |

**BUSINESS EMERGENCY RESPONSE PLAN (Cont.)**  
**DECLARATION OF HAZARDOUS MATERIALS STORAGE / GENERAL FACILITY DESCRIPTION**

**VII. SPECIFICATIONS** (*separate sheet, if necessary*):

- A. Describe how the hazardous material will be:
- 1. Stored: \_\_\_\_\_
  - 2. Contained (secondary containment): \_\_\_\_\_
  - 3. Separated (separate secondary containment): \_\_\_\_\_
  - 4. Monitored: \_\_\_\_\_
- B. Describe what emergency equipment is provided on site (fire extinguishers, spill absorbent, built-in fire protection systems, etc.)
- \_\_\_\_\_
- C. After the hazardous materials have been used, how are the spent materials of waste handled and disposed of?
- \_\_\_\_\_

**SITE LINE DRAWING** (*Indicate position of hazardous materials relative to building location*)



**COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_