



842 Salem Street
 Chico CA 95928
 (530) 895-4930
 (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

OFFICE USE ONLY		Issued: _____
Fees Paid: _____	Receipt No: _____	Expires: _____
Permit No: _____		

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*)

N
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COMMENTS:
