



**ANAHEIM FIRE & RESCUE**  
**Hazardous Materials Section**  
 201 S. Anaheim Blvd., Suite 300  
 Anaheim, CA 92805  
 (714) 765-4040  
 www.anaheim.net/hms

FEA# \_\_\_\_\_

**PERMIT APPLICATION**

SITE NAME \_\_\_\_\_

SITE ADDRESS \_\_\_\_\_

Specification and Requirements are available at [www.anaheim.net/hms](http://www.anaheim.net/hms)  
 Please review prior to permit application submittal.  
 Make checks payable to: **CITY OF ANAHEIM**

PLAN CHECK INFORMATION		CONTRACTOR INFORMATION	
COMPANY NAME		COMPANY NAME	
ADDRESS		ADDRESS	
CITY, STATE ZIP		CITY, STATE ZIP	
PHONE NUMBER	(     )	PHONE NUMBER	(     )
EMAIL		EMAIL	
PLAN CHECK CONTACT		JOB SITE CONTACT	
		CSLB LICENSE	

**Underground Storage Tank (UST) Permits**

<input type="checkbox"/> <b>UST Modification</b> \$537.00 for up to four (4) hours <input type="checkbox"/> Public Works AND Planning Review Required	<input type="checkbox"/> <b>UST Installation</b> \$1073.00 for up to eight (8) hours <input type="checkbox"/> Public Works AND Planning Review Required
<input type="checkbox"/> <b>UST Removal</b> \$805.00 for up to six (6) hours <input type="checkbox"/> Public Works AND Planning Review Required	<input type="checkbox"/> <b>UST Temporary Closure</b> \$537.00 for up to four (4) hours <input type="checkbox"/> Public Works AND Planning Review Required
<input type="checkbox"/> <b>UST Abandonment-in-Place</b> \$537.00 for up to four (4) hours <input type="checkbox"/> Public Works AND Planning Review Required	<input type="checkbox"/> <b>Remove flammable/combustible liquids or change contents in UST</b> \$134.00 for up to one (1) hour

**Hazardous Materials Permits**

<input type="checkbox"/> <b>Facility Closure</b> \$269.00 per facility for up to two (2) hours
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**Other Services**

<input type="checkbox"/> <b>Additional Plan Check Hours</b> Plan check and inspection activities that require additional time will be assessed at \$134.00 per hour, which will be assessed at the completion of the project.	<input type="checkbox"/> <b>Laserfiche Fee</b> Only for plans over 8 ½ x 11. Actual cost charged by outside vendor will be assessed at the completion of the project.
<input type="checkbox"/> <b>Expedited Plan Check</b> \$269.00 for review within two (2) business days of submittal	

Applicant's Name (please print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Amount Received: _____ Date _____	Approved By: _____
<input type="checkbox"/> Credit Card _____ <input type="checkbox"/> Check No. _____	Approval Date: _____