



# CITY OF PORT ORANGE

DEPARTMENT OF COMMUNITY DEVELOPMENT  
BUILDING DIVISION  
1000 CITY CENTER CIRCLE  
PORT ORANGE, FLORIDA 32129  
(386) 506-5600 FAX (386) 506-5699

## APPLICATION FOR HAZARDOUS MATERIAL USE

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Type: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ Telephone: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Does your business conduct, produce, store, or use the following products?

Yes No

- Explosives/Blasting Agents and/or Ammunition
- Flammable/Combustible Liquids and/or LPG
- Flammable/Combustible Finishes
- Compressed Gasses
- Hazardous Products (flammable solids, corrosive liquids, radioactive materials, oxidizing materials, potentially explosive chemicals, highly toxic materials and poisonous gases) as defined in the Standard Fire Prevention Code.

LIST ALL PRODUCTS: Indicate total amounts per package i.e.: Cubic feet, gallons, pounds and/or numbers. Attach additional sheets if necessary.

Product/Generic Name	Identification No.	Amount

SARA Title III, Tier Two requirements (if applicable) met: \_\_\_ yes \_\_\_ no or  
complied by: \_\_\_\_\_ Date \_\_\_\_\_

This application  is  is not approved insofar as Zoning and Building Ordinances are concerned.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Inspected by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Permit Approved:  yes  no Permit No. \_\_\_\_\_ Fee: \_\_\_\_\_