



777 Cypress Ave.
 Redding CA 96001
 (530) 225-4013 – Fax (530) 225-4360

HAZARDOUS MATERIALS/GASES CHECKLIST

This portion of the Building Permit Application is applicable to all buildings **EXCEPT RESIDENTIAL**.

Every applicant for a Building Permit must complete this portion of the permit application regarding Hazardous Materials handling, storage, use, processing, emitting, or disposal and, when appropriate, obtain specific approvals from the Shasta County Environmental Health Department and/or the Air Quality Management District located at 1855 Placer Street, Redding, California.

Hazardous materials shall include such materials, but shall not be limited to, the following:

Flammable, combustible, corrosive, radioactive, oxidizing, toxic, poisonous gases, reactive, unstable, hyperbolic, and pyrophoric and substance or mixing of substances which are an irritant, a strong sensitizer, or which generate pressure through exposure to heat, decomposition, or other means, a Materials Safety Data Sheet (MSAS) was completed for the material, the substance is listed pursuant to Title 49 of the Code of Federal Regulations, materials listed in Subsection (b) of Section 6382 of Labor Code.

Whether solid, liquid, or gas, all hazardous materials are regulated at specific quantities; and if you are unsure of the rules, please contact the Environmental Health and Air Pollution officers before answering the following questions.

1. YES
 NO
 MAYBE

My project, or a future occupant of the proposed structure(s) while under my control, will be emitting hazardous materials or gases. Type and quantities of hazardous materials are listed on the attached sheet(s). (Three [3] copies required.)

2. YES
 NO
 MAYBE

My project, or a future occupant of the proposed structure while under my control, will be handling, storing, using, processing, or disposing of hazardous materials. Type and quantities of hazardous materials are listed on attached sheet(s). (Three [3] copies required.)

3. YES
 NO

My project will be located within 1,000 feet of a school, hospital, or long-term care facility.

Owner's Signature:

Date:

Project Address:

Plan Check Number: