



Nassau County Department of Health  
Nassau County Public Health Ordinance - Article XI & Article XV  
Application for a Petroleum or a Toxic and Hazardous Materials  
Storage Facility Permit

Form 1 - General Facility Information (See Instruction Sheet)

For Office Use Only

Facility I.D.	Date Rec'd.
Fee Exempt Facility: <input type="checkbox"/> Yes <input type="checkbox"/> No	Permit Months:

Check all that apply to your facility:     Tank Storage     Container Storage     Bulk Storage     Storage of Road De-Icing Materials

Reason for submitting application:     New     Renewal     Change of Ownership     Modifications     Construction

Facility Name	Street Address	Post Office	State	Zip	Phone
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Facility Mailing Address (If different from above)	Facility Contact (Name & Title)	Email Address	Phone
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Facility Owner	Street Address	Post Office	State	Zip	Phone
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Property Owner (If not Facility Owner)	Street Address	Post Office	State	Zip	Phone
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Tank Owner (If not Facility Owner)	Street Address	Post Office	State	Zip	Phone
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Name that should appear on Permit (Permittee)  
(If different from Facility Owner)

Permittee's Street Address	Post Office	State	Zip	Phone
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Permittee's Relationship to Facility Owner:     Same     Operator of Facility     Other (Specify):

Name of Class A Operator (Primary)	Primary Operator DEC Authorization No.	Date of Certification:
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Name of Class B Operator (On-Site)	On-Site Operator DEC Authorization No.	Date of Certification:
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Principal Property Tax Code:	School District No.	Section	Block	Lot
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Forms Attached (Check all that apply)     Site Plan     Form 2 - Tank Registration     Form 3 - Bulk, Container, & De-Icing Materials Storage Registration

I hereby affirm under penalty of perjury that the information provided on this form and on any attached forms, statements, and exhibits is true and correct to the best of my knowledge and belief.

Print name	Signature	Title	Date
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