



NASSAU COUNTY DEPARTMENT OF HEALTH
 200 COUNTY SEAT DRIVE
 MINEOLA, NY 11501



Instructions for Completing:

Form 1 - General Facility Information

Fill out all fields either on a computer and print out the completed application, or by writing in the information in each field. Mail the completed forms to the appropriate Nassau County Health Department Bureau as indicated in the covering letter. Complete all items for “new” and “renewal” applications.

For “changes” where Form 1 has previously been submitted enter: the facility name and address; the facility I.D. Number, check the reason for submitting this application; sign the form; and forward it to the Health Department along with any other appropriate forms.

<u>Item</u>	<u>Special Instructions</u>
Facility Name & Address	Indicate the name of the facility for which the application is being prepared and the actual location of the facility.
Facility Contact Person	Enter name and title of the person who is familiar with the facility plan used to comply with provisions of Article XI and/or Article XV and who can act as an authorized representative of the owner. All correspondence will be sent to this person at the facility mailing address.
Facility Owner	Enter name, address, and phone number of the owner of the storage facility at the location for which an application is being prepared.
Property Owner	Enter name, address, and phone number of the owner of the property where the storage facility is located; if same as facility owner, write “same.” *All applications must be signed by the property owner*
Tank Owner	Enter name, mailing address, and phone number of the owner of the storage tanks at the facility; if same as facility owner, write “same. If there is more than one owner, write “multiple” and enter the following on the reverse side of Form 1 for each tank: tank number and the name, mailing address, and telephone number of the owner of the tank.
Name that should appear on the Permit (Permittee)	Enter name and address of the person (corporation, partnership, facility, etc.) to whom the permit should be issued. This name will appear on the permit and will be considered to be the person in control of the facility and thus be responsible for complying with all provisions of Article XI and/or Article XV.
Principal Property Tax Code	Indicate the tax code (School District No, Section, Block, and Lot) for the parcel of land upon which the storage facility is located. If the facility is located on more than one parcel, enter the tax code for the lot located in the northwest quadrant.
Signature & Date	An application submitted by a corporation must be signed by a principal executive officer of at least the level of vice-president or a duly authorized representative who is responsible for the operation of the facility.
	An application submitted by a partnership or a sole proprietorship must be signed by a general partner or proprietor.
	An application Submitted by a municipal or other public facility must be signed by either a principal executive officer, ranking elected official, or other duly authorized employee.