

**MONTEREY COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH**

PROCEDURES FOR HAZARDOUS MATERIALS QUESTIONNAIRE AB3205

1. New commercial building permit applicants will be required to completely fill out a Hazardous Materials Questionnaire form. The County or City Building Department will provide this to the applicant.
2. Use permits or other land use permit applicants will be required to fill out a Hazardous Materials Questionnaire form. The County or City Planning Department will provide this to the applicant.
3. Pending building permits and use permits applicants will be required to fill out a Hazardous Materials Questionnaire form. This will be provided to the applicant by the Building and Planning Departments.
4. The County or City Building and/or Planning Departments should answer questions on the form pertaining to distance from schools and the distance from businesses.
5. The applicant will return all questionnaire forms to the Health Department by mail or in person to: Monterey County Health Department, Division of Environmental Health, Room 301, 1270 Natividad Rd. Salinas, CA 93906.
6. The Health Department and Air Pollution Control District (if applicable) will review and sign off those questionnaire forms having all negative responses.
7. The Health Department will contact the applicant regarding any positive answers marked on the questionnaire.
8. At the time the applicant is in compliance, or in the process of attaining compliance with the Health Department, the Health Department will sign off the questionnaire form and send it to the Monterey Bay Air Pollution Control District (if applicable), who will then return it to the building and/or Planning Department.
9. Forms not requiring sign off by the Air District will be signed off by the Health Department and then forwarded to the City or County Building and/or Planning Department.
10. The respective Building/Planning Departments **shall not issue an occupancy certificate** (per State of California Assembly bill 3209, section 65850.2, California Government Code) until all information is received from the applicant and cleared by the Health Department and Air Pollution District (if required). These procedures should not restrict the issuance of a building permit.
11. Any questions can be forwarded to The Monterey County Health Department (831) 755-4511.

Revised (1/03)

HAZARDOUS MATERIAL QUESTIONNAIRE

ASSESSOR'S PARCEL NUMBER _____

BUSINESS NAME _____ TYPE OF BUSINESS _____

SITE LOCATION _____ CITY _____

MAILING ADDRESS _____

BUSINESS CONTACT _____
NAME PHONE

PROPERTY OWNER _____
NAME PHONE

1. Will your business/proposed project be using any hazardous materials such as oil, fuels, solvents, compressed gases, acids, corrosives, pesticides, fertilizers, paints or other chemicals.
[] YES [] NO
2. Will your business/proposed project be using hazardous materials in quantities of 55 gallons and above for liquids, 500 lbs. and above for solids and or 200 cubic feet and above for compressed gases.
[] YES [] NO
3. Will your business/proposed project be using any quantities of acutely hazardous materials such as ammonia, chlorine, sulfuric acid, formaldehyde, hydrogen peroxide, methyl bromide or other restricted pesticides.
[] YES [] NO
4. Will your business proposed project be using underground storage tanks to store hazardous materials.
[] YES [] NO
5. Will your business/proposed project be generating any quantities of hazardous waste such as waste oil, waste solvents, etc.
[] YES [] NO
6. Will you business/proposed project be emitting any hazardous air emissions.
[] YES [] NO

CERTIFICATION:
I declare under the penalty of perjury, under the laws of the State of California, that the foregoing is true and correct to the best of my knowledge and belief.

ANY QUESTIONS REGARDING THIS FORM CAN BE DIRECTED TO:
Monterey County Health Department
Division of Environmental Health
1270 Natividad Road, Room 301
Salinas, CA 93901
(831) 755-4511

Executed At: _____
City, State

PRINT NAME OF OWNER/OPERATOR _____

SIGNATURE OF OWNER/OPERATOR _____

FOR LOCAL JURISDICTION USE ONLY

1. Is there a known or proposed school, hospital, day care, or long term care facility within 1,000 feet at this site location? [] YES [] NO
2. Is there a known or proposed school, hospital, day care, or long term care facility within 1/4 mile of this site location? [] YES [] NO

Health Department Clearance Signature: _____ Date: _____

Print Name and Title: _____

Air Pollution District Clearance Signature: _____ Date: _____

Print Name and Title: _____