

HATFIELD TOWNSHIP

AEROSOL PRODUCTS PERMIT APPLICATION PROCEDURES

An aerosol products permit is required to manufacture, store or handle an aggregate quantity of Level 2 or Level 3 aerosol products in excess of 500 pound.

PART I – Location of Property – Complete address including city, state and zip code must be provided on all applications.

PARTS II thru IX – Complete every section.

PART X – Sign and date application. If property resident is not the owner of the property, a notarized statement indicating the owner's approval of the proposed construction must be submitted with the application. Provide phone numbers for property owner/resident and contractor. Contractors making application must be registered with Hatfield Township annually.

ADDITIONAL INFORMATION

FEES – Permit fees must be submitted with the permit application. If paying by check, please make check payable to "Hatfield Township".

REVIEW – The application plans will be reviewed by the Fire Marshal's Office for compliance with the codes of Hatfield Township and the Pennsylvania Uniform Construction Code.

PERMIT GRANTED – **If approved, the permit will be processed and issued within thirty (30) business days. Work may not start until a permit has been approved and granted.** The permit cards are to be displayed so as to be visible from the street.

NOTES: All Subdivision and Land Development approvals must be complete before submitting hazardous materials permit applications.

Requirements for the Submission of Aerosol Products Plans for Review

Permit application package shall include:

1. A fully completed Aerosol Products Permit Application.
2. A submittal package and set of plans which shall include:
 - 2 copies of the hazardous materials inventory and maximum daily quantity on site for all Level 2 and Level 3 aerosol products;
 - 1 copy of the manufacture/supplier material safety data sheet (MSDS) for each aerosol product in the hazardous materials inventory;
 - 1 complete set of construction drawings (if applicable);
 - 3 sets of floor plans for the facility which indicate the use of all areas and rooms, the location of all pertinent aerosol products, control areas and storage/container types and arrangements;
 - 1 site plan indicating the location the facility, all paved areas and fire lanes.

Failure to provide all of the above information will result in a delay in the approval of the permit application!

HATFIELD TOWNSHIP

Aerosol Products Permit Application

I - LOCATION OF PROPERTY

Address: _____ Suite #: _____ City: _____

State: _____ ZIP: _____

Business/Tenant Name: _____

II - OWNERSHIP

Private Public Tenant Tenant Name: _____

III - IDENTIFICATION – To be completed by all applicants

APPLICANT Name: _____ Phone: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

OWNER Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

CONTRACTOR Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

DESIGN Name: _____ Phone: _____

PROFESSIONAL

Address: _____

City: _____ State: _____ Zip Code: _____

Design Professional: Architect Professional Engineer

Certification No. _____

IV - COMMODITY INFORMATION

Level 2 aerosol products Maximum daily quantity on site: _____

Level 3 aerosol products Maximum daily quantity on site: _____

Manufacture Use Handling Retail display/sales Other: _____

Location of product storage: Basement 1st floor 2nd floor 3rd floor 4th floor Outside

Size of storage area: _____ square feet Is aerosol storage segregated from other materials?: _____

Rack storage Palletized storage Pile storage Other: _____

Commodity/Storage Description: _____

V – OCCUPANCY TYPE

Business/Office Mercantile/Store Industrial/Factory Repair Garage/Fuel Dispensing Storage

High Hazard H-1 H-2 H-3 H-4 H-5 (circle one)

Will the public have access to the hazardous materials operational/storage area(s)? _____

Description _____

VI – CONSTRUCTION TYPE

Non-Combustible Non-Combustible/Combustible Combustible

Masonry (bearing walls) Steel Frame Reinforced Concrete Wood Frame

Truss Construction Steel Wood Floor/Ceiling Roof

Description _____

VII – FIRE PROTECTION DESIGN INFORMATION

Sprinkler System Design Density: _____ G.P.M. per square foot Area of Design: _____ square feet

Temperature rating of ceiling sprinkler heads: _____ ESFR sprinkler system?: yes no

Fire alarm/detection system: Manual pull stations Smoke detection Heat detection Other: _____

VIII – BUILDING DIMENSIONS

Number of Stories: _____ Square Feet-Building: _____ Square Feet-Haz-Mat Area(s): _____

Square Feet-Basement: _____ 1st Floor: _____ 2nd Floor: _____ 3rd Floor: _____

IX – SCHEDULE OF FEES

- 1 – 2,000 Square Feet \$200.00
- 2,001 – 5,000 Square Feet \$250.00
- 5,001 – 10,000 Square Feet \$300.00
- 10,001 – 100,000 Square Feet \$400.00
- 100,001 Square Feet or Greater \$500.00

Total square footage of the building/facility: _____

Permit Fee: _____

X - SIGNATURE

Deposit of check representing the fee for this application does not constitute approval of or granting of same by Hatfield Township. I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent and we agree to conform to all applicable laws of Hatfield Township.

SIGNATURE OF APPLICANT

DATE
