| Facility Owner Street Address Post Office State Zip Phone Property Owner (If not Facility Owner) Street Address Post Office State Zip Phone Tank Owner (If not Facility Owner) Street Address Post Office State Zip Phone Name that should appear on Permit (Permittee) (If different from Facility Owner) Street Address Post Office State Zip Phone Permittee's Relationship to Facility Owner: Same Operator of Facility Other (Specify): Name of Class A Operator (On-Site) On-Site Operator DEC Authorization No. Date of Certification: Principal Proper | SAU COUAR | Nassau County D | epartment of Health | | For Office Use Only | | | |
|--|---|---|---|-----------------------------|------------------------|------------------------------------|----------------------|--|
| Storage Facility Permit Fee Exempt Facility: Permit Months: Form 1 - General Facility Information (See Instruction Sheet) Image 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 Facility Owner Street Address Post Office State Zip Phone Facility Owner Street Address Post Office State Zip Phone Facility Owner Street Address Post Office State Zip Phone Facility Owner Street Address Post Office State Zip Phone Facility Owner (If not Facility Owner) Street Address Post Office State Zip Phone Tank Owner (If not Facility Owner) Street Address Post Office State Zip Phone Permittee's Street Address Post Office State Zip Phone Phone Permittee's Street Address Post Office State Zip Phone Phone | AND STATISTICS | Nassau County P | Nassau County Public Health Ordinance - Article XI & Article XV | | | Facility I.D. Date Rec'd | | |
| Form 1 - General Facility Information (See Instruction Sheet) Image: Storage of Road De-Iding Materials Check all that apply to your facility: Tank Storage Container Storage Bulk Storage Storage of Road De-Iding Materials Reason for submitting application: New Renewal Change of Ownership Modifications Construction Facility Name Street Address Post Office State Zip Phone Facility Owner Street Address Post Office State Zip Phone Facility Owner Street Address Post Office State Zip Phone Property Owner (If not Facility Owner) Street Address Post Office State Zip Phone Tank Owner (If not Facility Owner) Street Address Post Office State Zip Phone Name that should appear on Permit (Permittee) (if different from Facility Owner) Permittee's Street Address Post Office State Zip Phone Permittee's Street Address Post Office State Zip Phone Name that should appear on Permit (Permittee) (if different from Facility Owner) Dere Permittee's Street Address <td>and the second se</td> <td>Application for a</td> <td colspan="3">Application for a Petroleum or a Toxic and Hazardous Materials</td> <td></td> <td></td> | and the second se | Application for a | Application for a Petroleum or a Toxic and Hazardous Materials | | | | | |
| Form 1 - General Facility information (See instruction Sheet) Image: Construction for a construction Reason for submitting application: New Renewal Change of Ownership Modifications Construction Facility Mailing Address (If different from above) Facility Contact (Name & Title) Email Address Phone Facility Mailing Address (If different from above) Facility Contact (Name & Title) Email Address Phone Facility Owner Street Address Post Office State Zip Phone Facility Owner Street Address Post Office State Zip Phone Property Owner (If not Facility Owner) Street Address Post Office State Zip Phone Tank Owner (If not Facility Owner) Street Address Post Office State Zip Phone Name that should appear on Permit (Permittee) (If different from facility Owner) Street Address Post Office State Zip Phone Permittee's Relationship to Facility Owner: Same Operator of Facility Other (Specify): Name of Class A Operator (Primary) Primary Operator DEC Authorization No. | ST L | Storage Facility Permit | | | Fee Exe | Fee Exempt Facility: Permit | | |
| 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 Facility Mailing Address (If different from above) Facility Contact (Name & Title) Email Address Phone Facility Owner Street Address Post Office State Zip Phone Property Owner (If not Facility Owner) Street Address Post Office State Zip Phone Tank Owner (If not Facility Owner) Street Address Post Office State Zip Phone Name that should appear on Permit (Permittee) (If different from facility Owner) Street Address Post Office State Zip Phone Permittee's Relationship to Facility Owner) Street Address Post Office State Zip Phone Permittee's Relationship to Facility Owner) Street Address Post Office State Zip Phone Permittee's Relationship to Facility Owner: Same <td>CEPARTMENT OF HEALTH</td> <td colspan="3">Form 1 - Coneral Facility Information (See Instruction Sheet)</td> <td></td> <td>es 🗌 No</td> <td>)</td> | CEPARTMENT OF HEALTH | Form 1 - Coneral Facility Information (See Instruction Sheet) | | | | es 🗌 No |) | |
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