



**CITY OF GLENDALE
FIRE DEPARTMENT**
Environmental Management Center
780 Flower Street
Glendale, CA 91201
Tel (818) 548-4030
Fax (818) 549-9777

For office use only

Permit # _____ Date _____
Receipt # _____ Check # _____

INDUSTRIAL WASTE PERMIT APPLICATION

Check one:

- New Permit Permit Revision Change of Ownership

BUSINESS NAME: _____

BUSINESS OWNER _____ PHONE NO: _____

FACILITY ADDRESS _____ ZIP CODE: _____

MAILING ADDRESS _____

TYPE OF INDUSTRY _____ SIC CODE: _____

GENERAL DESCRIPTION OF INDUSTRIAL WASTE DISCHARGE

Character of operation producing waste: _____

Types of Chemicals, solvents, cleaners, oils, and other substances expected to be contained in liquid waste discharge: _____

Average daily wastewater flow rate: _____ Gallons per day _____ Hours per day _____ Days per week

Previous Permit Number: _____ Pretreatment Type and Additional Information: _____

For the current Industrial Waste Permit Fee, please look online at <http://fire.ci.glendale.ca.us/pdf/FirePermitFeeIndex.pdf>.

"I certify under penalty of law that this document and all the attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

AUTHORIZED SIGNATURE REQUIRED

1. Business owner
2. Corporate officer or designated employee with written authorization
3. Managing partner

(Business name)

(Applicant signature)

(Type or print name and title)

(Drivers License #)