



**Town of Barnstable
Inspectional Services
Public Health Division**

Thomas McKean, Director
200 Main Street, Hyannis, MA 02601



Office: 508-862-4644

Fax: 508-790-6304

**APPLICATION FOR PERMIT TO STORE AND/OR UTILIZE
HAZARDOUS MATERIALS**

IN ACCORDANCE WITH THE TOWN OF BARNSTABLE GENERAL ORDINANCE, CHAPTER 108, HAZARDOUS MATERIALS, ALL BUSINESSES THAT HANDLE OR STORE HAZARDOUS MATERIALS GREATER THAN HOUSEHOLD QUANTITIES ARE REQUIRED TO OBTAIN AN ANNUAL PERMIT (RUNS JULY 1st – JUNE 30th).

APPLICATION FEES

CATEGORY 1 PERMIT	26 – 110 Gallons:	\$ 50.00	<input type="checkbox"/>
CATEGORY 2 PERMIT	111 – 499 Gallons:	\$125.00	<input type="checkbox"/>
CATEGORY 3 PERMIT	500 or <u>more</u> Gallons:	\$150.00	<input type="checkbox"/>

***A late charge of \$10.00 will be assessed if payment is not received by July 1st.**

1. ASSESSOR'S MAP AND PARCEL NO. _____
2. IS THIS A PERMIT RENEWAL? ___ YES ___ NO. IF YES, SKIP QUESTION 3.
3. FOR ALL NEW PERMIT APPLICATIONS, INDICATE WHETHER BUSINESS HAS ZONING/BUILDING APPROVAL FOR HAZARDOUS MATERIALS STORAGE/USE OF GREATER THAN HOUSEHOLD QUANTITIES (25 GALLONS)? ___ YES ___ NO.
4. FULL NAME OF APPLICANT: _____
5. NAME OF ESTABLISHMENT: _____
6. ADDRESS OF ESTABLISHMENT: _____
7. MAILING ADDRESS (IF DIFFERENT FROM ABOVE: _____
8. TELEPHONE NUMBER OF ESTABLISHMENT: _____
9. EMAIL ADDRESS: _____
10. SOLEOWNER: ___ YES ___ NO IF NO, NAME OF PARTNER: _____
11. FULL NAME, HOME ADDRESS, AND TELEPHONE # OF:
CORPORATION NAME _____
PRESIDENT _____
TREASURER _____
CLERK _____
12. IF PREPARED BY OUTSIDE PARTY:
NAME: _____ TELEPHONE #: _____
COMPANY ADDRESS _____ EMAIL: _____

***SIGNATURE OF APPLICANT _____ DATE _____**

MAIL-IN REQUESTS

Please mail the completed application form to the address below. In addition, please include the required fee. Make check payable to: Town of Barnstable. Allow five to seven (7) working days for in-house processing. Our mailing address is:

**Town of Barnstable
Public Health Division
200 Main Street
Hyannis, MA 02601**

FOR FAXED REQUESTS

Our fax number is **(508) 790-6304**. Please fax a completed application form. In addition, please mail the required fee amount. Please make the check payable to: Town of Barnstable. The check must be mailed to the address listed above. Allow up to four days for in-house processing.

For further assistance on any item above, call (508) 862-4644