



**CITY OF YREKA
BUILDING DEPARTMENT
ENVIRONMENTAL HEALTH &
AIR POLLUTION FORM**



City of Yreka
Building Department
701 Fourth Street
Yreka, CA 96097
(530) 841-2322
FAX: (530) 842-4836

GOVERNMENT CODE SECTION 65850.2

A Building Permit cannot be approved without this completed form. This form does not apply to applications solely for residential construction.

Assessor's Parcel Number: _____

Firm or Applicant's Name: _____

Site Address: _____

Contact Person: _____ Phone Number: () _____

Address _____

NOTE: Hazardous materials are defined as any material that because of its quantity, concentration, or physical or chemical characteristics, poses a significant present or potential hazard to human health and safety, or to the environment if released into the workplace or the environment, "Hazardous Materials" include, but are not limited to, hazardous chemicals, hazardous waste, paints, oils, lubricants, fuels, flammables, combustibles, corrosives, gases, and any material which a handler or the administering agency has a reasonable basis for believing to be injurious to the health and safety of persons or harmful to the environment if released.

- 1. Do or will you or the tenants handle, store or transport hazardous materials?
 _____NO_____YES
- 2. Do or will you or the future tenants handle, store or transport any amount of hazardous waste?
 _____NO_____YES
- 3. Do or will you or the future tenants handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at standard temperature) of a gas or formulation containing hazardous materials?
 _____NO_____YES

If you answered YES to 1, 2 or 3 contact the Siskiyou County Health Department, 806 South Main Street, Yreka, CA 96097 or (530)841-2100 for a review of the project.

4. Is the business/facility/operation to be located within a 1,000 feet or the outer boundary of a school or school site?

_____NO _____YES- If YES, please provide name of school below:

NAME OF SCHOOL

5. Does the business/facility/operation have the potential to emit any air pollutants? E.g., dust, soot, odors, fumes, vapors, volatile compounds, etc.

_____NO _____YES

If you answered YES to 3, 4 or 5 contact the Siskiyou County Air Pollution Control Office, 525 South Foothill Drive, Yreka, CA 96097 or (530) 841-4029.

I certify that I have read this document and state that the above information is correct. I agree to comply with all City, County, State, and Federal laws relating to hazardous material.

Owner or Authorized Licensed Agents:

SIGNATURE

DATE

FOR OFFICIAL USE ONLY

SISKIYOU COUNTY ENVIRONMENTAL HEALTH DEPARTMENT (SCEHD)

SCEHD SIGNATURE _____DATE_____

SISKIYOU COUNTY AIR POLLUTION CONTROL OFFICE (SCAPCO)

SCAPCO SIGNATURE _____DATE_____

REMARKS: _____

Original: City of Yreka Building Department

Copies: Siskiyou County Environmental Health, Siskiyou County Air Pollution, & Yreka Fire Dept.