

Development Services
 Building Services Division, Room 201
 City-County Building
 300 West Ash · P.O. Box 736
 Salina, Kansas 67402-0736



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PROCESS AND STORAGE INFORMATION

Date:		Address:	
Project:			
Total Number of Employees?			
Will an Open Flame Torch Be Used?		Yes / No (circle one)	
	If Yes, Where?		
Will a Welder Be Used?		Yes / No (circle one)	
	If Yes, Where?		
Will Combustible Dust be Created?		Yes / No (circle one)	
	If Yes, Where?		
Will Paint be Stored?		Yes / No (circle one)	
Will Paint be Mixed?		Yes / No (circle one)	
Will Paint be Dispensed?		Yes / No (circle one)	
Will Paint or Other Materials be Sprayed?		Yes / No (circle one)	
	If Yes, What?		
Will other Flammable Liquids be Dispensed?		Yes / No (circle one)	
	If Yes Describe:		
Description of Other Hazardous Activities:			
Will any rooms in building be used for		Yes / No (circle one)	
Consumption of alcoholic beverages?			
	If Yes, Where?		

STORAGE*:

Rooms designated as Storage or Hazardous Occupancies: <i>(Room Description or No. Should Match Description On Plans.)</i>	Description:	Combustible	Non-Combustible	Hazardous
		Y / N	Y / N	Y / N
		Y / N	Y / N	Y / N
		Y / N	Y / N	Y / N
		Y / N	Y / N	Y / N
		Y / N	Y / N	Y / N
		Y / N	Y / N	Y / N
		Y / N	Y / N	Y / N
		Y / N	Y / N	Y / N
		Y / N	Y / N	Y / N

***It is not necessary to list non-hazardous items stored in small rooms or closets accessory to another occupancy.**

HAZARDOUS MATERIALS STORED OR USED IN PROCESS:**

Material	Quantity Stored	Quantity in Process	Exempt Amount

****Submit MSDS sheets for all hazardous materials including exempt material.**

I hereby declare the above listed information to be true and accurate.

Name of Building/Business owner or legal representative (Please Print) _____

Signature _____ **Date** _____ **Legal Relationship** _____

Use as many pages as necessary