



NEW CONSTRUCTION / ADDENDUM
 LOS ANGELES COUNTY PUBLIC WORKS
 Environmental Programs Division
 900 South Fremont Avenue, 3rd Floor Annex Building
 Alhambra, CA 91803-1331
 Phone No. (626) 458-3517, Fax No. (626) 458-3569
www.CleanLA.com

FOR PW USE ONLY:	
SITE-FILE NO. _____	AREA _____
APP NO. _____	
HSUSP NO. _____	

UNDERGROUND STORAGE TANKS (USTs)

NEW CONSTRUCTION PLAN CLEARANCE REVIEW

PERMIT ADDENDUM

PIPING REPLACEMENT

A

OWNER INFORMATION

B

UST FACILITY INFORMATION:

PERMIT OWNER/FACILITY NAME			CERS ID: _____
FACILITY ADDRESS			NUMBER OF EXISTING USTs: _____
CITY	ZIP		NUMBER OF USTs TO BE INSTALLED: _____
APPLICANT MAILING ADDRESS			NUMBER OF USTs TO BE REMOVED: _____
CITY	STATE	ZIP	NET NUMBER OF USTs AT SITE: _____

C NEW CONSTRUCTION PLAN CLEARANCE MUST BE ACCOMPANIED BY:

- FACILITY, TANK and MONITORING INFORMATION SUPPLEMENT
- At least four (4) sets of construction plans and specifications.

<u>NUMBER OF USTs:</u>	<u>PLAN CLEARANCE FEE:</u>
1	\$2,066.00
2	\$2,536.00
3	\$3,006.00
4	\$3,476.00
5	\$3,946.00
6 OR MORE	\$1,596.00 + \$470.00 PER UST

New Construction Plan Clearance fee. Enter amount:

\$

D

SYSTEM MODIFICATION OR CHANGE PROPOSED: _____

E

ADDENDUM MUST BE ACCOMPANIED BY:

Facility, tank, and monitoring information for each tank modified or changed.
 Written authorization by tank owner, operator, or Unified Program facility permit owner or operator for the scope of work.
 Four (4) sets of construction plans, specifications, and/or explanation of modifications or changes.

Permit Addendum Fee of **\$824.00**

\$

MAKE CHECKS PAYABLE TO: "LOS ANGELES COUNTY PUBLIC WORKS"

F

APPLICANT ** See instructions on back of this form**

SIGNATURE _____ UST OWNER UST OPERATOR CONTRACTOR

PRINT NAME _____ DATE _____

CONTRACTOR NAME _____ LICENSE NO. _____ CLASS _____

ICC UST INSTALLER/RETROFIT & TECHNICIAN NAME(s) _____ ICC UST NO(s) _____

