



**APPLICATION FOR TRANSFER OF HAZARDOUS SUBSTANCES UNDERGROUND STORAGE PERMIT**

LOS ANGELES COUNTY PUBLIC WORKS  
Environmental Programs Division  
900 South Fremont Avenue, 3<sup>rd</sup> Floor Annex Building  
Alhambra, CA 91803-1331  
(626) 458-3517, Fax (626) 458-3569  
[ZZZ & OHDQ/\\$ FRP](#)

PW USE ONLY:	
SITE-FILE NO. _____	AREA _____
APPLICATION NO. _____	
NEW PERMIT NO. _____	
DATE REC'D. _____	BY _____

Pursuant to Los Angeles County Code Title 11, Division 4, Section 11.80.170, application is hereby made for the transfer of ownership of an existing Hazardous Substances Underground Storage Permit (HSUSP) or Unified Program (UP) Facility Permit which incorporates Underground Storage Tanks (USTs).

**COMPLETE THE FOLLOWING:**

Date of Transfer \_\_\_\_\_ California Environmental Reporting System (CERS) ID No. \_\_\_\_\_

New Facility Name (as reported in CERS) \_\_\_\_\_

Facility Address \_\_\_\_\_ City \_\_\_\_\_

Assessor Parcel Number (APN) Map Book No. \_\_\_\_\_ Page No. \_\_\_\_\_ Parcel No. \_\_\_\_\_

Number of USTs \_\_\_\_\_ Existing Permit No. \_\_\_\_\_

Permit Holder Name (as reported in CERS) \_\_\_\_\_

Email Address \_\_\_\_\_

**THE INFORMATION SPECIFIED ABOVE MUST MATCH THE INFORMATION THAT YOU HAVE SUBMITTED TO CERS.**

**This Application for Transfer must be signed by the owner and accompanied with the following:**

- **OPERATING PERMIT TRANSFER FEE PAYABLE TO: "LOS ANGELES COUNTY PUBLIC WORKS"**

APPLICATION FOR TRANSFER FEE: **\$855.00** ( ) CASH ( ) CHECK # \_\_\_\_\_

- |  |   |
|--|---|
| ▪ SUBMIT TO CERS UST FACILITY DATA             | ▪ SUBMIT TO CERS DESIGNATED OPERATOR FORM       |
| ▪ SUBMIT TO CERS UST TANK FORM DATA (ALL USTS) | ▪ SUBMIT TO CERS FINANCIAL RESPONSIBILITY FORMS |
| ▪ SUBMIT TO CERS UST MONITORING PLAN DATA      | ▪ SUBMIT TO CERS RESPONSE PLAN FORM             |

BY SIGNING BELOW, THE PERMIT TRANSFER APPLICANT ACKNOWLEDGES HAVING READ ALL CONDITIONS FOR TRANSFER ON THE REVERSE SIDE OF THIS FORM, AGREES TO COMPLY WITH THE CONDITIONS AND LIMITATIONS OF AND ASSUMES THE OBLIGATIONS OF THE HAZARDOUS SUBSTANCE UNDERGROUND STORAGE PERMIT OR UNIFIED PROGRAM FACILITY PERMIT FOR WHICH TRANSFER IS REQUESTED.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

