



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(858) 505-6880 FAX (858) 505-6848
<http://www.sdcdelh.org>

OFFICE USE ONLY:
UPFP #: _____
Date Received: _____
Fee Paid: _____

HMD SPECIAL PROJECTS ASSISTANCE PROGRAM APPLICATION

(PLEASE READ BOTH PAGES OF THIS APPLICATION FOR ASSISTANCE PRIOR TO COMPLETION AND PRINT OR TYPE YOUR ANSWERS)

A. SITE INFORMATION				
Site Name: _____ APN: _____				
Site Address: _____				
Street No.	Street Name	City	State	Zip Code
B. TANK/PROPERTY OWNER'S INFORMATION				
TANK OWNER	PROPERTY OWNER			
Name: _____	Name: _____			
Address: _____	Address: _____			
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____			
Contact Person: _____	Contact Person: _____			
Phone: () _____	Phone: () _____			
C. APPLICANT INFORMATION (Person Submitting the Application)				
Contact Person: _____ Telephone () _____				
First Name	M.I.	Last Name		
Company Name: _____				
Mailing Address: _____				
Street No.	Street Name	City	State	Zip Code
Invoices will be sent to the applicant at this address unless other arrangements are made.				
D. DESCRIPTION OF PROJECT AND TYPE OF ASSISTANCE REQUESTED				
Brief Project Description: _____				

Type of Assistance Requested: _____				

I accept the application requirements and project review conditions listed on Page 2 of 2 and I agree to pay all costs associated with DEH staff time and services within 30 days of receiving an invoice.

_____ Original Signature of Applicant	_____ Printed Name	_____/_____/_____ Date
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COUNTY OF SAN DIEGO
DEPARTMENT OF ENVIRONMENTAL HEALTH (DEH)
HAZARDOUS MATERIALS DIVISION (HMD)

SPECIAL PROJECTS ASSISTANCE PROGRAM

The Special Projects Assistance Program is designed to provide the applicant with staff consultation, project review, and public health assessment. HMD staff will review and manage all projects in accordance with applicable regulatory requirements and industry practices. The goal of the Special Projects Assistance Program is to assure that the facility will meet regulatory requirements through HMD project review and oversight. Upon completion of a project, HMD will issue a letter addressing the applicant's specific project goals. Open lines of communication between HMD and the applicant provide the best opportunities for expedient review and successful project resolution.

Application Requirements

- Sections A, B, C, and D must be completed on the application form (Page 1 of 2), along with the applicant's original signature.
- Submit a detailed description of the project with your application to expedite the review process; include drawings or schematics, if applicable.
- An **initial fee of \$368, payable to the County of San Diego**, is required at the time of application submittal. This fee covers two (2) hours of staff review time. Staff time in excess of two hours will be invoiced to applicant and must be paid within 30 days of receipt of the invoice. The staff billing rate is currently \$184/hour. **Staff assistance will not be provided on delinquent accounts.**

Project Review Conditions

- Within five (5) workdays from receipt of your complete application, HMD will identify the project by an HMD Case Number and assign it to an HMD project manager.