

MERRILLVILLE CHEMICAL LICENSE APPLICATION



Merrillville Fire Department
Fire Inspection Division
24 W. 73rd Ave
Merrillville, IN 46410
P:(219)-769-0004 ext.2
F:(219)-769-1341



Town Of Merrillville
Planning and Building Department
7820 Broadway
Merrillville, IN 46410
P:(219)-769-3631
F:(219)-736-9039



MERRILLVILLE FIRE DEPARTMENT



24 W. 73rd Ave.
Merrillville, IN 46410

Ph. (219) 769-0004
Fax (219) 769-1341

Station #71
18 W. 73rd Ave.
Merrillville, IN

Station #72
7905 Taft. St.
Merrillville, IN

Station#73
9264 Old Lincoln Hwy.
Hobart, IN

Station#
850 W. 57th Ave
Merrillville, IN

CHEMICAL LICENSE APPLICATION INFORMATION

Under Article III of the Town of Merrillville Ordinance you or your business are required to obtain a Chemical or Storage tank License. Along with the application you need to ensure the following information is submitted. Also, per Town of Merrillville **Ordinance Section 7.5-51** any business needing a Chemical or Tank License is required to install a KNOX Key box in an approved location on the building. In accordance with **Sec. 7.5-54. - Access keys**. In the KNOX Box you are required to provide keys to gain entry into your building and all secured areas in the case of a fire, spill, alarm, or release. In addition the information require in **Section 7.5-23 and Section 7.5-53** shall be provided on a thumb drive to place inside of the KNOX Key Box with ALL SDS's. In accordance with **Section 7.5-81 and 7.5-82** you are required to install an NFPA 704 diamond on the entry door to notify of the highest hazard present (see below Section 7.5-82 for specifications on placard.). If you have a locked gate a KNOX Padlock, of KNOX Key switch is also required to be installed to gain access for apparatus in the event of an emergency. Please fill out and submit the attached forms to the Merrillville Fire Department Fire Inspector Office listed below. And take the fire inspection report with you to Merrillville Clerk/Treasures office to pay for the license. License will not be issued without a fire inspection report.

Sec. 7.5-23. - Required application information.

Any user of a hazardous material shall provide a list of business information, a list of all hazardous materials, quantities, location of each material on a facility diagram, and the material safety data sheet for each chemical, to the Town of Merrillville police department and the Ross Township fire service. The required information shall include the following:

(1) The business name, address, and business telephone number, number of employees at the business and normal hours of operation, the owner's name, address, and telephone number, and emergency contact names and phone numbers. In addition, the name and address of the insurance company handling the insurance on the facility, the name of the hazardous waste removal company handling the removal of the waste (if such is required) and the name of any clean-up contractors to be contacted shall be provided.

(2) The chemical list shall provide the proper chemical names for all chemicals onsite regardless of quantity. The chemical family, the chemical formula, the chemical concentration, the Chemical Abstract Service registry number (CAS), a material safety data sheet, and the physical state of the chemical shall also be required for all chemicals.



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(3) The quantity requirement shall state the onsite yearly maximum, the onsite daily maximum and the daily average amount used for each hazardous material. In addition the type of storage container normally used for storage, and the maximum amount of product the container will hold in pounds, or in gallons where applicable, for each chemical.

(4) A floor plan for every floor or building occupied by the business. This plan shall indicate all interior and exterior walls, doors, and windows, location of heating and air conditioning units (and shut-offs), electrical panel(s), building construction materials, roofing materials, fences or other type of security barriers, and the location of the following items:

- a. All aboveground tanks and types.
- b. Products contained in each tank.
- c. Other storage areas: Loading and unloading areas.
- d. Roads.
- e. Water distribution systems: Gary-Hobart Water Corporation and private.
- f. All compressed gas storage areas.
- g. Drains to sanitary sewer system.
- h. Gas and electrical shutoffs: Municipal water shutoffs.
- i. Main and auxiliary product shutoffs (when piped).
- j. Location and type of any firefighting equipment or spill clean-up items.
- k. Location of chemical(s) stored, quantity, and container type.
- l. Location of lock box.
- m. Nearest fire hydrant, and fire department hook-up locations for sprinkler system. Included should also be sprinkler system type, control system location, and standpipe locations.

(Ord. No. 91-44, § 1, 1-12-93)

Sec. 7.5-53. - Required information.

The required information shall be stored in binders. The facility plot plan and other plans and documents shall be made to scale suitable for indicating the information required below. Information on the plot plan and other plans and documents shall include:

- (1) The location and identification of each structure.
- ~~(2) The location and size of all fire hydrants located on the premises and within five hundred (500) feet of the boundary line of the premises.~~
- (3) The location and quantity of all major firefighting, spill response or safety related equipment such as, but not limited to:
 - a. Water sprinkler system,
 - b. Foam suppressants (by type and quantity),



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- c. Dry powder suppressants (by weight or size),
- d. Protective clothing (specify fire/acid suits or other special suits),
- e. Self-contained breathing apparatus (specify amount of breathing time in minutes),
- f. Resuscitator,
- g. Natural gas shutoff valves,
- h. Electric shutoff points,
- i. Municipal water shutoff points,
- j. Drains to any sanitary sewer,
- k. In-plant telephones,
- l. Telephones,
- m. Other items the fire service or police department may require.

(4) An emergency action plan (E.A.P.) which shall outline the responsible persons and their actions in the event of a fire, spill, leak, discharge or release of a hazardous substance.

Also to be included on the thumb drive
(Ord. No. 91-44, § 1, 1-12-93)

Sec. 7.5-82. - Required locations.

A 704 symbol no smaller than four (4) inches on a side shall be located in the middle lower half of all entry doors into the facility and it shall be displayed no lower than twelve (12) inches and no higher than thirty-six (36) inches from the ground. The 704 symbol shall also be displayed on the exterior of the lock box installed on the building or fence.

(Ord. No. 91-44, § 1, 1-12-93) \

Direct any questions to:

Robert Pillman,
Fire Inspector
219-742-0107 cell
219-769-0004 ext. 2
rpillman@merrillville.in.gov

Application For Chemical License



Merrillville Fire Department Fire Inspector

24 W. 73rd Ave. Merrillville, IN 46410

Phone: 219-769-0004 ext. 2

Fax: 219-769-1341

Office Use Only

License: # _____

Inspector Initials _____

APPROVED: _____

Date _____

DENIED: _____

☐ Code 1 – Tier II/High Hazard

☐ Code 2 – Medium Hazard

☐ Code 3 – Low Hazard



APPLICATION FOR A HAZARDOUS MATERIALS LICENSE

IMPORTANT INFORMATION

Sec. 7.5-20. - Applicability.

Any hazardous materials user must secure a hazardous materials registration from The Town Of Merrillville Clerks Office prior to acceptance of any material deemed hazardous at a business or the opening of a new business which requires the use, storage, handling, or disposal of a hazardous material.

ArticleV. Requires the installation of a KNOX Key Box. In the KNOX Box keys to access building as well as all secured areas shall be placed inside. In addition to the keys the information required Section 7.5-23 & 7.5-53 shall be submitted on a thumb drive to be placed into the KNOX Box.

***Submit application to rpillman@merrillville.in.gov and Clerks office.

Checks shall be made payable to "Town Of Merrillville"

BUSINESS NAME:

BUSINESS ADDRESS

APPLICANT

NAME OF BUSINESS OWNER: (applicant is: Corporation LLC Partnership Sole Proprietor Other)

OWNER MAILING ADDRESS

CITY

STATE

ZIP

BUSINESS BILLING ADDRESS (if different from above):

CITY

STATE

ZIP

BUSINESS OWNER PHONE NUMBER:

OWNER EMAIL:

BUSINESS INSURANCE COMPANY:

**POLICY
NUMBER:**

PHONE

INSURANCE COMPANY ADDRESS:

PERMIT INFORMATION

check each hazard classification that most closely describes the storage, use, and handling of hazardous materials at the facility

<input type="checkbox"/> Aerosols	<input type="checkbox"/> Explosives & Fireworks	<input type="checkbox"/> Pyrophoric Materials
<input type="checkbox"/> Blasting	<input type="checkbox"/> Flammable Gases	<input type="checkbox"/> Pyroxylin (Cellulose Nitrate) Plastics
<input type="checkbox"/> Combustible Fibers	<input type="checkbox"/> Flammable & Combustible Liquids	<input type="checkbox"/> Stationary Battery System
<input type="checkbox"/> Compressed Gases	<input type="checkbox"/> Flammable Solids	<input type="checkbox"/> Unstable (Reactive) Materials
<input type="checkbox"/> Corrosive Materials	<input type="checkbox"/> Highly Toxic & Toxic Materials	<input type="checkbox"/> Water Reactive Solids
<input type="checkbox"/> Cryogenic Fluids	<input type="checkbox"/> Liquefied Petroleum Gases	<input type="checkbox"/> Welding
<input type="checkbox"/> Cutting	<input type="checkbox"/> Organic Peroxides	Bulk Cleaning Products
<input type="checkbox"/> Dipping & Spray Finishing	<input type="checkbox"/> Oxidizers	Other

The undersigned hereby agrees that all information on this application is true and correct, and to comply with all applicable city ordinances, state and federal rules, and all orders from Minneapolis Fire Inspections Services.

SIGNATURE _____ **DATE** _____

Application For Chemical License



APPLICATION FOR A HAZARDOUS MATERIALS LICENSE

IMPORTANT INFORMATION

****ALL INFORMATION MUST BE FILLED OUT or marked N/A. All chemicals must be listed on chemical sheet or license will be denied and a re-inspection fee will be charged.**

*****Submit application to rpillman@merrillville.in.gov and Clerks office.**

*****Checks shall be made payable to "Town Of Merrillville"**

BUSINESS NAME:

BUSINESS ADDRESS:

EMERGENCY CONTACT

EMERGENCY CONTACT(KEYHOLDER) 1:

KEYHOLDER 1

EMAIL:

KEYHOLDER 1 PHONE NUMBER:

**KEYHOLDER 1
TITLE:**

KEYHOLDER 2

KEYHOLDER 2 PHONE NUMBER:

**KEYHOLDER 2
TITLE:**

KEYHOLDER 2

EMAIL:

HAZARDOUS MATERIALS CLEAN UP/WASTE REMOVAL CONTRACTOR:

PHONE:

CONTRACTOR SECONDARY NUMBER:

PERMIT INFORMATION CHECK LIST

check to ensure all required information at the facility has been included.

<input type="checkbox"/> Average Number of Employees: _____	Your Companies Emergency/Spill Phone Number	<input type="checkbox"/> Hours of Operation
Fuel Delivery Company: _____		Sunday: _____.
<input type="checkbox"/> Name: _____	NFPA 704 Diamonds Posted	Monday: _____.
<input type="checkbox"/> Phone Number: _____	UN/GHS Placards Posted	Tuesday: _____.
<input type="checkbox"/> Chemical List (below) with UN & CAS Numbers	KNOX Key Box Installed or Ordered	Wednesday: _____.
<input type="checkbox"/> SDS On Thumb Drive		Thursday: _____.
<input type="checkbox"/> Floor Plan		Friday: _____.
<input type="checkbox"/> Overhead map		Saturday: _____.

The undersigned hereby agrees that all information on this application is true and correct, and to comply with all applicable Town of Merrillville, state and federal rules, and all rulings of the Merrillville Fire Code Official.

SIGNATURE _____

DATE _____

If additional space is needed copy and attach this page.

No.	Chemical Common/Trade Name	Physical State	Quantity (Total number)	Unit of Measurement Lbs = Pounds Oz.=Ounces ML=Millileters Gal = Gallons Cu.Ft. = Cubic Feet. ND = Not Determined Or Cylinder Size	Hazard Classification (UN Number)	Chemical Abstract Service No. (CAS)	Location in Building Show on Site / Floor Plan use letter or numbers to show on plan.	Stored / Use In:				**FD USE** Situation S = Storage U/O = Use/Open U/C =Use/Closed
		L=Liquid S=Solid G=Gas ND=Not Determined						FSB = Fully Sprinklered Building HC = Hazardous Storage Cabinet FSW = Flam storage warehouse O = Other (specify)	FC = Flam Storage Cabinet FSR = Flam Storage Room CA = Control Room / Area			
1		Solid Liquid						FSB HC FSW FSR				
		Gas ND						FC CA Other_____.				
2		Solid Liquid						FSB HC FSW FSR				
		Gas ND						FC CA Other_____.				
3		Solid Liquid						FSB HC FSW FSR				
		Gas ND						FC CA Other_____.				
4		Solid Liquid						FSB HC FSW FSR				
		Gas ND						FC CA Other_____.				
5		Solid Liquid						FSB HC FSW FSR				
		Gas ND						FC CA Other_____.				
6		Solid Liquid						FSB HC FSW FSR				
		Gas ND						FC CA Other_____.				
7		Solid Liquid						FSB HC FSW FSR				
		Gas ND						FC CA Other_____.				
8		Solid Liquid						FSB HC FSW FSR				
		Gas ND						FC CA Other_____.				
9		Solid Liquid						FSB HC FSW FSR				
		Gas ND						FC CA Other_____.				
10		Solid Liquid						FSB HC FSW FSR				
		Gas ND						FC CA Other_____.				
11		Solid Liquid						FSB HC FSW FSR				
		Gas ND						FC CA Other_____.				
12		Solid Liquid						FSB HC FSW FSR				
		Gas ND						FC CA Other_____.				
13		Solid Liquid						FSB HC FSW FSR				
		Gas ND						FC CA Other_____.				
14		Solid Liquid						FSB HC FSW FSR				
		Gas ND						FC CA Other_____.				