



NEW CONSTRUCTION / ADDENDUM
 LOS ANGELES COUNTY PUBLIC WORKS
 Environmental Programs Division
 900 South Fremont Avenue, 3rd Floor Annex Building
 Alhambra, CA 91803-1331
 (626) 458-3517, Fax (626) 458-3569
www.CleanLA.com

PUBLIC WORKS USE ONLY

SITE-FILE NO. _____ AREA _____

APPLICATION NO. _____

HSUSP NO. _____

UNDERGROUND STORAGE TANKS (UST)☐ **NEW CONSTRUCTION PLAN CLEARANCE REVIEW**☐ **PERMIT ADDENDUM**☐ **PIPING REPLACEMENT****A** **OWNER INFORMATION**

PERMIT OWNER/FACILITY NAME		
FACILITY ADDRESS		
CITY	STATE	ZIP
APPLICANT MAILING ADDRESS		
CITY	STATE	ZIP

B **UST FACILITY INFORMATION**

CERS ID NO. _____

NUMBER OF EXISTING USTs: _____

NUMBER OF USTs TO BE INSTALLED: _____

NUMBER OF USTs TO BE REMOVED: _____

NET NUMBER OF USTs AT SITE: _____

THIS FORM MUST BE ACCOMPANIED BY:

- ☐ Facility, Tank, and Monitoring Information data submitted to CERS.
☐ Written authorization by tank owner or Unified Program facility permit owner, for the specific scope of work.
☐ Four (4) sets of construction plans and specifications for the proposed modifications or changes.

C **NEW CONSTRUCTION PLAN CLEARANCE:****NUMBER OF USTs:**

1
2
3
4
5
6 OR MORE

PLAN CLEARANCE FEE:

\$2,066.00

\$2,536.00

\$3,006.00

\$3,476.00

\$3,946.00

\$1,596.00 + \$470.00 PER UST

New Construction Plan Clearance fee. Enter amount:

\$

D **SYSTEM MODIFICATION OR CHANGE PROPOSED:** _____**E** **ADDENDUM:**☐ Permit Addendum Fee of **\$858.00**

\$

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). _____

INSTRUCTIONS

Hazardous Substances Underground Storage Permit (HSUSP) New Construction Plan Clearance, Permit Addendum, or Piping Replacement Review

Do not use this form for closure, transfer, or renewal of an existing HSUSP or Unified Program (UP) Permit.

This form is for authorization to construct or modify hazardous substances Underground Storage Tank (UST) facilities only. A separate HSUSP or UP Facility Permit, is required to operate the approved system. This authorization will not be approved unless a valid HSUSP or UP Facility Permit application is on file with Los Angeles County Public Works.

A The UST Owner/Operator, Facility name, and facility address on this form must correspond with the information provided in California Environmental Reporting System (CERS) for the UST Facility HSUSP Application.

B This form must be submitted for new construction (installation of new USTs) plan clearance, piping replacement, or for an addendum to an existing HSUSP. Specify the number of USTs to be installed and the total number of USTs after installation. Existing facilities with a valid operational HSUSP or UP Facility Permit need not make a separate HSUSP application to add or modify USTs. Work must commence within 180 days from the date of issuance of plan approval or the approval will be voided. An extension of up to 180 days may be granted at one-half the initial new construction plan clearance fee. If construction work has not commenced within 360 days from the date of plan approval issuance, such plan approval shall be null and void.

C Plans and specifications submitted for a new construction plan clearance must conform to the Los Angeles County Code, Title 11, Division 4, and shall be to the satisfaction of the Director of Public Works. Other clearances such as local fire department, building and safety, planning, and/or Air Quality Management District, etc. may also be required.

In addition to the plan clearance fee, an operating permit application fee will be required when applying to construct a new facility. No refund of current year HSUSP fees due will be allowed for a net decrease in the number of USTs. State surcharge or service fees paid on existing or renewed USTs are not transferable to new USTs.

D Specify the type of modification or change to existing USTs. Types of modifications and changes requiring an addendum include: repair of USTs, replacements of piping, change or addition of hazardous substances stored, change in monitoring equipment, change of overfill protection devices, or additions or modifications to dispenser containment devices.

E A fee of **\$858.00** must be submitted for each addendum. Where a previously unregistered UST is added to an existing HSUSP, an additional application fee including maintenance fee will be charged.

F This form, the Application Supplement forms, and the CERS data must be signed by one of the following:

1. The tank owner, operator, or Unified Program (UP) Facility Permit owner or operator.
2. A principal executive officer at the level of vice-president or by an authorized representative responsible for the overall operation of the facility where the tank(s) are located.
3. A general partner proprietor.
4. A principal executive officer, ranking elected official, or authorized representative of a public agency.
5. A representative, including an architect or contractor responsible for the installation of the new tanks or any modifications or changes to existing tanks, with written authorization to submit the scope of work on behalf of the tank owner, operator or UP Facility Permit owner or operator.

All post construction requirements such as primary containment testing, secondary containment testing, monitoring system certification, soil sampling closure reports, and the uploaded CERS UST INSTALLATION information must be submitted within 30 days of completion.

INCOMPLETE FORMS WILL NOT BE PROCESSED

CERTIFICATION OF COMPLIANCE WITH LOS ANGELES COUNTY LOBBYIST ORDINANCE

This is to certify that I, as permit applicant for the project located at _____,
(LOCATION ADDRESS)
am familiar with the requirements of Los Angeles County Code Chapter 2.160 et seq., (relating to the Los Angeles County Lobbyist Ordinance) and all persons acting on behalf of myself have complied and will continue to comply therewith through the application process.

APPLICANT (PRINT NAME)

APPLICANT SIGNATURE

COMPANY NAME (If employed by an entity/agency)

DATE

If you suspect fraud or wrongdoing by a County employee, please report it to the County Fraud Hotline at 1-800-544-6861 or <http://fraud.lacounty.gov/>. You may remain anonymous.