





TO: Commercial Applicants in the APD  
FROM: Yarmouth Health Department  
SUBJECT: Hazardous Materials

As part of the application process for a Board of Appeals hearing or Determination of Non-Applicability, please complete this form and return it with your application. For further information concerning hazardous materials regulations, contact the Health Department Office.

In the conduct of your present and/or proposed business, do you store, use, generate any of the following types of products? (Check all which apply):

Antifreeze, Engine & Radiator Flushes	_____	Motor Oil	_____
Hydraulic, Brake, Automatic Trans. Fluid	_____	Gasoline/Fuels	_____
Grease, Lubricants	_____	Degreaser/Cleaners	_____
Floor/Driveway Degreaser	_____	Battery Acid	_____
Rustproofing/Undercoating	_____	Vehicle Detergents	_____
Vehicle Waxes, Polishes	_____	Asphalt, Tar, Sealers	_____
Paint, Varnishes, Stains, Dyes, Thinners	_____	Wood Preservatives	_____
Dry Cleaning Solvents, Carbon Tetrachloride	_____	Floor/Furniture Strippers	_____
Other Cleaning Solvents	_____	Rock salt, Road salt	_____
Drain, Toilet, Cesspool Cleaners	_____	Refrigerants	_____
Bug & Tar Removers	_____	Photo chemicals	_____
Printing Inks & Dyes	_____	Pool Chlorine	_____
Pesticides, Insecticides, Herbicides	_____	Rodenticide, Fungicides	_____
Nitrate Fertilizer	_____	Jewelry Cleaner	_____
Leather Dyes	_____	PCB's	_____
Electroplating Sludges	_____	Others (List)	_____

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_