Charlotte Fire Department Hazardous Material Facility Closure Plan

Name of Facility_____ Address of Facility_____

Permit Number(s)_____ Contact person_____

DOT #	Chemical name	Amount	Disposal plan	Date of removal

Per NCFC 2012 edition Section 2701.6.3 this closure plan is to be completed and returned to the fire code official 30 days prior closure. Once this form is completed, return to the Charlotte Fire Department Fire Prevention Office at 441 Beaumont Av., Charlotte NC. 28204 Attn: HIT Inspections. Once received an inspection of the facility will be scheduled.

Print name_____Date_____

Signature_____Title_____