FOR OFFICE USE ONI				
Ref:	Date Received:	/	/	
Receipt No:	Fee:			
Cheque / PO / Cash				Haringey Council
The Plann	plication for Hazard ing (Hazardous Substan Hazardous Substances)	ces) Ao	ct 1990 – S	Section 7(1)
PLEASE USE BLOCK	CAPITALS			
1. Name and Address	8			
Applicant Name				
Address				
Post Code				
Telephone (Daytime)				
Email Address:				
Agent Name (if any)				
Address				
Post Code				
Telephone (Daytime)				
Email Address:				
2. Address or location	n of application site			
Address				

Post Code	
O.S Grid Reference	

3. Substance(s) covered by the application

(a) List named substances falling within Part A of Schedule 1 to the 1992 Regulations *(a)* first, then list any substances falling within the categories in Part B of

that Schedule; finally list substances falling within the description in Part C.

(b) Substances falling within Parts B or C of Schedule 1 to the 1992 Regulations may be listed under the relevant category or description or named specifically. Where a substance falls within Part A and B list under Part A only; where a substance falls within more than one category in Part B list under the category which has the lowest controlled quantity*(b)*. Where a substance falling within Part A or B also falls within Part C list under the Part which has the lowest controlled quantity.

Table A

Name, or relevant category or description of substance	Part and entry number (c) in Schedule 1 to the 1992 Regulations	Do you have a current PHS consent * in respect of this substance	If 'yes', state quantity for which consent granted	Maximum quantity proposed to be present (in tonnes)

* A hazardous substance consent

4. Manner in which substance(s) are to be kept and used

For each substance, category or description of substance, covered by the application, provide the following information, referring to the substance plan where appropriate.

(a) Tick one box to show whether the substance (s) will be present for storage only **or** will be stored and involved in a manufacturing, treatment or other industrial process:

Table B

Part and entry number in Schedule 1 to the 1992 Regulations	Storage only	Stored and involved in industrial process
(b) For each vessel to be us	ed for storing the substance(s) gi	ve the following

(b) For each vessel to be used for **storing** the substance(s) give the follow information:

Table C

Vessel Part and	entry Installe	d Buried	Mounde	Maximum	Highest	Highest

No *	number in Schedule 1 to the 1992 Regulations of substance (s) to be stored in vessel	above ground ** (Yes/No)	(Yes/No)	d (Yes/No)	capacity (cubic metres)	vessel design temp ºC	vessel design pressure (bar absolute)

- * Identify by reference to substance location plan.
- ** If 'Yes' please specify whether or not it will be provided with full secondary containment.
- (c) For each substance, category or description of substance, state the largest size (capacity in cubic metres) or any **moveable** container(s) to be used for that substance, category or description of substances.
- (d) Where a substance, category or description of substance is to be used in a **manufacturing, treatments of other industrial process(es)**, give a general description of the process(es), describe the major items of plant which will contain the substance(s); and state the maximum quantity in (tonnes) which is liable to the present in the major items of the plant, and the maximum temperature (°C) and pressure (bar absolute) at which the substance, category or description of substance is liable to be present.

Table D

Part and entry number in Schedule 1 to the 1992 Regulations	Description of process(es)	Major items of plant *	Max temp (ºC)	Max pressure (bar absolute)

* identify by reference to substance location plan

5. Additional Information

(a) If you have an existing PHS consent(s) as referred to in Table A, enclose a copy of each consent with this application.

(b) Has any application for hazardous substances consent or planning permission relating to the application site been made which has not yet been determined?



(c) Will any such application by submitted to either of these preceding questions, provide sufficient details to enable the application(s) to be identified?

YES	NO	
· - •		

If you have answered '**YES**' to either of these preceding questions, provide sufficient details to enable the application(s) to be identified.

- (d) **Plans.** List the maps or plans or any explanatory scale drawings of plant/buildings submitted with this application.
- (e) Give any further information which you consider to be relevant to the determination of this application.

I / We hereby apply for hazardous substances consent in accordance with the proposals described in the application.

Signed:	
On behalf of:	
Date:	

Once completed, please return the form to the following address:

Address: Development Management, 639 High Road, Tottenham, London, N17 8BDEmail: planningcustomercare@haringey.gov.ukTelephone: 020 8 489 1000Fax: 020 8 489 5220Website: www.haringey.gov.uk/planning