



**-INDUSTRIAL REVIEW APPLICATION-**

1. Name of project \_\_\_\_\_  
 Street address of project \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_
2. Property owner \_\_\_\_\_  
 Company name \_\_\_\_\_  
 Contact \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
 Mailing address \_\_\_\_\_
3. If leased, tenant \_\_\_\_\_  
 Company name \_\_\_\_\_  
 Contact \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
 Mailing address \_\_\_\_\_
4. Proposed use of building or property \_\_\_\_\_
5. Expected project start date \_\_\_\_\_ Expected completion date \_\_\_\_\_
6. What, if any, products will be manufactured and what processes will be used? \_\_\_\_\_
7.
 

|   |  |
|---|--|
| a) Do you presently have any industrial permits?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Will there be any discharges other than domestic sanitary waste?                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Will this facility have any disposal wells, percolation ponds, soakage pits, or french drains?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Will there be any floor drains (other than rest rooms)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Will any solvents be used in your processes?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) Will any toxic/hazardous waste be produced?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g) Will any industrial sludge be produced?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h) Will any particulate matter or dust be produced?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i) Will any strong or objectionable odors be emitted?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j) Will any noise producing machinery such as grinders, chippers or hammering devices be used?      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k) Will any incineration be used on site?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| l) Will there be any x-ray or photographic equipment used (other than copy machines)?               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| m) Will there be, or are there any existing, emergency generators involved in this project?         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n) Will there be any car, truck or equipment washing done at this site?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| o) Will any surface coating (painting) be performed at this site once the facility is in operation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| p) Will project utilize any above ground or underground storage tanks?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| q) Will this facility be utilized to repair vehicles or equipment?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**If you answered YES to any of the preceding questions, please comment below or attach additional information.**  
 This information should list types of materials produced, disposal sites, volumes, and other general information relating to the subject.

8. Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WARNING** Broward County Code of Ordinances prohibit industrial discharges to drainfields, disposal wells, percolation ponds, soakage pits, french drains, sanitary sewers or storm sewers without prior approval of the Broward County Environmental Protection and Growth Management (EPGM) Department.

**The undersigned certifies under penalty of perjury, that the information herein and all submitted supplemental documentation is true and correct.**

Signature of Owner, Tenant or Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**EPGM Comments**

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Future industrial uses must be approved by the Environmental Protection Department.

A Hazardous Material license will / may be required upon operation of the facility.

No vehicle washing is permitted.

Current Environmental Protection Department Licenses for this facility must be kept active and valid.

All discharges other than storm water must be to a sanitary sewer system.

Septic Tank is for domestic waste only, No industrial discharges are permitted.

Other comments \_\_\_\_\_

Well Field # \_\_\_\_\_ Zone# \_\_\_\_\_ WWTP \_\_\_\_\_

The undersigned has received a copy of the above comments by EPGM and understands that approval of this project is conditional to the acceptance of these comments by the applicant. The applicant agrees to the conditions set forth above and will construct or operate the project or facility accordingly.

Signature of Owner, Tenant or Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_