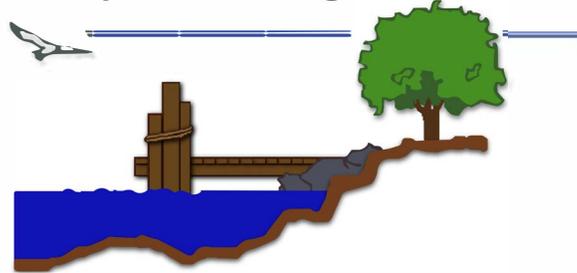


City of Keego Harbor



"Heart of the Lakes"

The Mayor, City Council, City Manager and Employees of the City of Keego Harbor would like to welcome you and your business to our community.

Enclosed you will find information to help with opening your business in the City.

www.keegoharbor.org

CITY OF KEEGO HARBOR

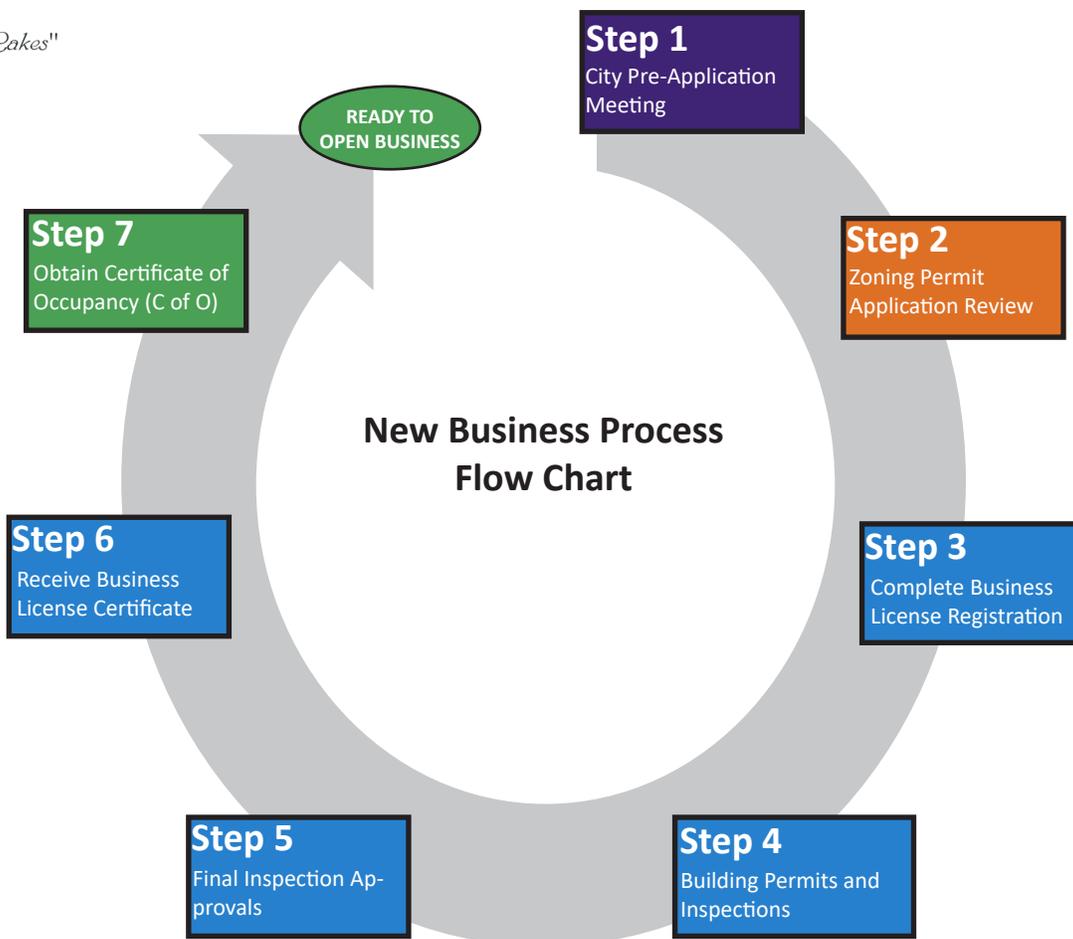
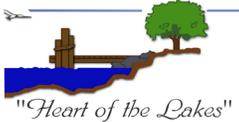
New Business Process

Welcome to Keego Harbor, MI – the “Heart of the Lakes”. We are thankful that you have selected Keego Harbor as the home for your new business. To get you started, the following checklist has been prepared to assist you in opening your business. The intent of this brochure is to provide an overview of the process for obtaining the necessary approvals and inspections required for new businesses within the City of Keego Harbor. A flow chart can be found on the following pages to guide you through these required steps. The flow chart and the following information will help you navigate the approval process.

This new business process is required for all new businesses that choose to operate within the City of Keego Harbor. Physical changes to the site or building may trigger the development review process.

Prepared by: **The City of Keego Harbor**

City of Keego Harbor



PRE-APPLICATION PHASE

ZONING REVIEW PHASE

BUSINESS LICENSE/BUILDING PERMIT

BUSINESS OCCUPANCY

New Business Checklist

City of Keego Harbor

2025 Beechmont

Keego Harbor, MI 48320

Business Hours: 8am to 5pm, Monday - Thursday

City Hall Main Number: (248) 682-1930

_____ Pre-Application meeting to confirm Zoning Ordinance compliance and obtain New Business Packet from the City

_____ Submit a Zoning Application for review with business description and \$125.00 fee submitted to City Hall

_____ Complete Business License Registration Application and \$225.00 fee submitted to City Hall

_____ Arrange for applicable permits and inspections (set up by City's Building Department)

_____ Building

_____ Mechanical

_____ Electrical

_____ Plumbing

_____ Fire Department (Required)

_____ Receive final inspection approval

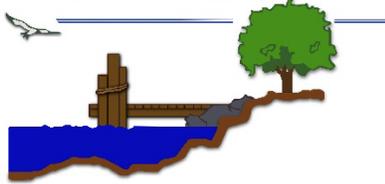
_____ Receive Business License Certificate from City

_____ If applicable, complete Sign Permit application (\$125.00 fee + \$65.00 inspection fee = \$190); and, if needed, Electrical permit. Final inspection required.

_____ Register your business on City website, keegoharbor.org. Click "Community" and fill out the "Business Directory" Attachment and submit to be included on the website (Optional)

Ordinance information, forms and other useful information can be obtained through the City website, located at: www.keegoharbor.org.

City of Keego Harbor



"Heart of the Lakes"

CITY STAFF AND INSPECTORS

City Manager / City Clerk

Tammy Neeb (248) 682-1930 ext. 1
manager@keegoharbor.org

Building Department

Jennifer Gilman (248) 682 -1930 ext. 3
jengilman@keegoharbor.org

Wendy Clufetos
wclufetos@keegoharbor.org

City Planner / Zoning Administrator

Tuesdays/Thursday 9am-1pm
(248) 682 – 1930 ext. 3

Building Inspector

Chad Hine
Monday – Thursday
11:00am – 2:00pm

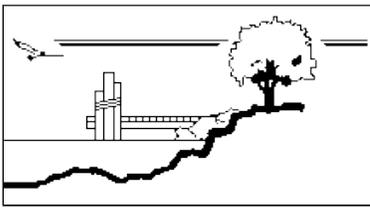
Electrical Inspector

Ron Shelton
Monday and Wednesday
10:00am – 1:00pm

Mechanical & Plumbing Inspector

Steve Munson
Monday, Wednesday, Friday
4:00pm – 5:30pm

Mike Monson
Monday – Thursday
10:00am – 1:00pm



"Heart of the Lakes"

APPLICATION ZONING PERMIT

CITY OF KEEGO HARBOR

2025 BEECHMONT KEEGO
HARBOR MI 48320
(248)682-1930
www.keegoharbor.org

Validation Area

(OFFICE USE ONLY) PERMIT NUMBER: **PZ-**

TYPE OF WORK: SHED DECK FENCE NEW BUSINESS or NEW HOME OTHER _____

DATE: _____ JOB ADDRESS: _____

OWNER NAME: _____ ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____ CONTRACTOR: _____

EMAIL: _____ ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____ MOBILE: _____

Detailed Description of Project _____

Building Application Applied For; YES NO N/A Sidwell Number _____

Project Start Date _____ Project Estimated Completion Date _____

Date Site Plan Submitted _____ Date Survey Submitted _____

I hereby certify that the foregoing is correct to the best of my knowledge and that the said work will be done in conformance with the information herein set forth, in conformance with any plans and specifications submitted and in compliance with the City of Keego Harbor Codes regulating site plans and as-built plans. **I understand the permit fee is non-refundable.**

Permit expires 1 year from date of issue, Permit Renewal fee is \$50.00.

Zoning Ordinance and/or applicable Michigan Building Codes for the structure.

I affirm that the information provided on this application is true and accurate and that the project shall be completed in accordance with the provisions of the City of Keego Harbor Zoning Ordinance. It is the property owner's / agent's responsibility to determine the exact locations of all property lines.

I _____, the property owner, give permission for the City of Keego Harbor officials, staff and consultants to go on the property for which the above referenced site plan is proposed for purposes of verifying information provided on the submitted application.

PRINT NAME: _____

Owner or Contractor

SIGNATURE: _____

Owner or Contractor

DATE: _____

(FOR OFFICE USE ONLY)

Permit Fee: _____

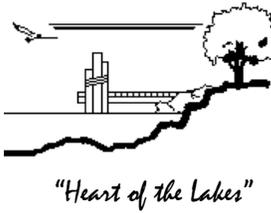
Pre-Inspection for fence grade Completed date: _____

APPROVED/DENIED

BY: _____

PRINT NAME:

DATE: _____



City of Keego Harbor
January 1, 2024 Thru December 31, 2024
Business Registration Application

PLEASE TYPE OR PRINT CLEARLY App# _____

Check One: New Business Renewal

*****Business License application fee is \$225.00 for 5,000 SF and under, each additional 1,000 SF \$30.00. Renewal fee is \$40.00 due no later than January 31, 2024. As of February 1, 2024 a penalty fee of \$80.00 will be charged. STARTER CHECKS ARE NOT ACCEPTED*** (Code of Ordinance Chapter 6 – BUSINESSES)**

Legal Business Name _____ 99- Parcel ID #: _____

Business Name on Establishment (if differs from Legal Business Name) _____

Description of Business _____

Location of Business (Street Address, Suite No.) _____
City _____ State _____ Zip _____

Mailing Address (if different than above) _____

Business Telephone Number(s) _____ Email Address _____

Business Owner #1 _____
City _____ State _____ Zip _____

Residential Address _____

Telephone Number(s) (Home, Cell, Pager) _____

Business Owner #2 _____
City _____ State _____ Zip _____

Residential Address _____

Telephone Number (s) (Home, Cell, Pager) _____

Emergency Contact Person #1 _____
City _____ State _____ Zip _____

Address _____

Telephone Number(s) (Residence, Cell, Pager) _____

Emergency Contact Person #2 _____
City _____ State _____ Zip _____

Address _____

Telephone Number(s) (Residence, Cell, Pager) _____

Property/Building Owner (If different than Business Owner) _____
City _____ State _____ Zip _____

Address _____

Telephone Number(s) _____

PLEASE COMPLETE BACK PAGE

Under the Fire Fighter Right to Know Law the following questions need to be completed:

1. Does your business have an alarm system? Yes () No ()
2. If YES, is the system registered with the Keego Harbor Police Department? Yes () No ()
3. Does your business have a Knox Lock Box installed? Yes () No ()
4. Any hazardous material stored at the business such as:
 - a. Cleaners-household or industrial and quantity _____

 - b. Acids and quantity _____
 - c. Paints Latex and/or Oil based and quantity _____

 - d. Flammable and combustible liquids type and quantity _____

 - e. Combustible Storage Material type and quantity _____

 - f. Aerosol's type and quantity _____

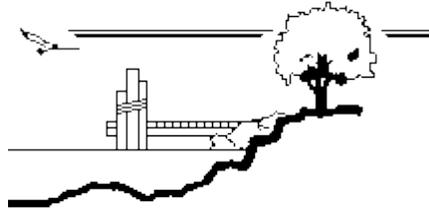
 - g. Compressed gases (such as oxygen and acetylene and propane) _____

Please mail return the completed registration form and fee to:

**City of Keego Harbor
2025 Beechmont
Keego Harbor MI 48320**

Or

Put in the secure drop box outside of City Hall



"Heart of the Lakes"

City of Keego Harbor

2025 Beechmont
Keego Harbor MI 48320

SIGN PERMIT APPLICATION

Date: _____

Permit No. PS _____

The undersigned applies for a permit to erect or alter a sign under the provisions of the Zoning Ordinance, according to the following statements:

Applicant/Contractor _____

Phone _____

Address _____

Sign location _____ side of building/road

Address _____

Owner _____

Phone _____

Distance from grade _____

Size of sign _____

Square Feet of sign _____

Before any permit is granted for erection of a sign, the following requirements must be met:

1. The Business must be registered with the City and all Fire Department Regulations met.

2. Plans and specifications shall be filed with the Building Official showing the dimensions, materials and required details of construction including loads, stresses and anchorage, and distance from property lines.
3. Submit copy of liability insurance certificate with application.
4. A written consent of the owner or lessee of the premises upon which the sign is to be erected.
5. Obtain electrical permit prior to installation of sign.
6. Site Plan and/or Building Elevation where sign to be installed.

Signature of Applicant/Contractor

Department of Planning

Zoning Approval: _____

Permit Fee: \$125.00 (Planner)

Department of Building Safety

Building Approval: _____

Inspection: \$ _____

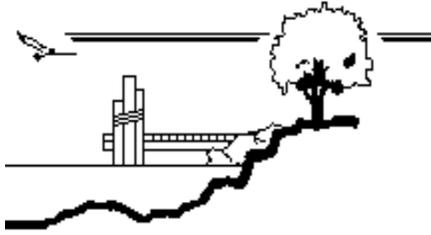
Building Department Plan Review Fee: \$ _____

Bond: \$ _____

Contractor Registration: \$ _____

Total Due: \$ _____

Permit expires 1 year from date of issue, Permit Renewal fee is \$50.00



City of Keego Harbor

Building Department

2025 Beechmont
Keego Harbor MI 48320

“Heart of the Lakes”

**ANNUAL PORTABLE A-FRAME SIGN,
BANNER PERMIT OR
FLAG SIGN**

Date: _____

Permit No.PSA_____

- A-Frame/ Sign (One Sign Allowed)
- Banner (Once a year for 30 day)
- Flag Sign (Three Flags Maximum, Once a year for 30 day)

The undersigned applies for a permit to place a portable sidewalk sign under the provisions of the Zoning Ordinance, according to the following statements:

Applicant _____

Phone _____

Address _____

Placement Date _____ Removal Date _____

Sign/Banner location in accordance with Ordinance _____

Address of sign/banner location _____

Owner of Business _____

Business Name _____

Phone _____

Before any permit is granted for placement of a portable sidewalk sign, the following requirements must be met:

1. The Business must be registered with the City and all Fire Department Regulations met.
2. Written consent of the owner/lessee of the premises upon which the sign is to be placed.
3. Specifications shall be filed with the Zoning Administration showing the dimensions and distance in accordance to the Zoning Ordinance.

Banners being placed over the roadway

1. Application and Specifications for Banner over a roadway must be submitted to City Council for approval by resolution.
2. City must submit the resolution and specifications to Oakland County Road Commission 3 days before banner is placed.

Signature of Applicant/Business Owner

Department of Planning

Approved By: _____

A-Frame/Sidewalk Sign Permit Fee: \$50.00 (One Sign Allowed, Sign May Only be Displayed During Business Hours)

Flag Sign Permit Fee: \$25.00 (Three Flags Maximum for 30 Days)

Banner Sign Permit Fee: \$35.00

Size of sign/banner in accordance to the Ordinance _____



WEST BLOOMFIELD FIRE & EMS SERVICES

5425 West Maple Rd • West Bloomfield • MI • 48322

Dear Business Owner / Manager:

The West Bloomfield Fire Department is committed to a safe and prosperous community. The Fire Marshal Division takes an active role in the City of Keego Harbor in several different areas.

Working with the Fire Department, the City of Keego Harbor has adopted the 2015 International Fire Code. The Fire Marshal Division uses this code while conducting annual fire safety inspections at all businesses and commercial occupancies. These inspections are to help ensure that your business / property is safe for you, your customers and the community. Please see the attached list of common violations that are found during inspections.

The 2015 International Fire Code also requires all businesses to provide the fire department access to all secured openings within the business. The approved method of providing access is through the use of a Knox Box key box system. If you do not have a Knox Box, you can visit www.knoxbox.com and order a box. When ordering, please be sure to order a box keyed to the West Bloomfield Fire Department. Knox Boxes are community specific. Once the Knox Box is installed or if you currently have a Knox Box but have changed the locks, please be sure to contact the Fire Marshal Division at 248-409-1505 to schedule an appointment to place a new key into the Knox Box.

In an effort to meet MIOSHA and the Michigan Fire Prevention Code, Act No. 201, P.A. of 1941 any firm handling hazardous chemicals shall provide such information to the fire chief upon request. The City of Keego Harbor and the West Bloomfield Fire Department require ALL businesses to complete the provided forms and return them prior to receiving a Business License from the City. Businesses shall return the completed forms to the address above, attention "Firefighter Right to Know", prior to February 10th. Even if your firm does not use or produce any hazardous chemicals, the completed form shall be returned. Information on this form can be beneficial to you and to our firefighting personnel when responding to an incident at your facility. If there is a change concerning the use, production or quantity of hazardous chemicals at your firm, please contact the Fire Marshal Division so that we may update our records.

Safety within our community is our top priority. The information provided is all designed to help ensure safety and compliance without unnecessary costs or delays to you or other business owners within the community. If you have any questions, please do not hesitate to contact the West Bloomfield Fire Department – Fire Marshal Division.

Sincerely,

A handwritten signature in black ink that reads "B Turnquist".

Byron Turnquist
Fire Marshal

Annual Fire Inspection Common Violations

The Fire Department, working with the City of Keego Harbor has adopted in 2015 International Fire Code. The Fire Marshal Division uses this code while conducting annual fire safety inspections at all businesses and commercial occupancies. These inspections are to help ensure that your business / property is safe for you, your customers and the community. Please find below a list of the most common violations found by Inspectors during these inspections.

- Emergency Lights and Exit Signs shall be illuminated at all times. Power shall be provided by premises electrical supply and an alternative power supply. To test, push button on side or front to verify sign/lights remains illuminated.
- Means of egress must be clear at all times. The path of egress shall not be interrupted by any obstruction or projection along the path of egress travel, clear through the exit discharge to the public way. Rule of thumb - The path of egress shall be clear the full width of the door to the outside of the building.
- Manually operated flush bolt locks and surface bolt locks are not permitted. Thumb bolt locks, dead bolt locks and the like shall be replaced with hardware that is readily openable from the egress side without the use of a key or special knowledge or effort.
- Address must be on the front and rear door. Minimum of 4" in height and must be in a contrasting color in order to be clearly visible from the road.
- Waste accumulation is a fire hazard and cannot be excessive.
- No fueled equipment is allowed indoors, such as a lawn mower, grill etc.
- There must be 2' from the ceiling and any stock and if a fire sprinkler system is installed, 18" from a sprinkler head to any stock.
- Clearance between ignition sources, such as light fixtures and flame producing appliances, and combustible materials shall be maintained in an approved manner.
- All compressed gas cylinders shall be secured as to prevent falling caused by contact or vibration.
- Extension cords and multi-tap adaptors are prohibited. Listed power tap strips with grounding and overcurrent protection, are allowed. Each power strip must plug directly into a wall outlet; one cannot plug into another.
- A working space of at least 36" shall be provided around electrical service equipment. No storage of any materials shall be located within the designated work space.
- Properly cover all open wires. Switch plate and socket plate covers are required.
- Portable space heaters shall be listed (i.e. UL or FM) and have a safety shut off switch which turns the unit off if tipped over. Keep 3' clearance from the appliance when in use. Always unplug when unattended.
- The fire/smoke resistive rating of an area shall be maintained. All ceiling tiles must be in place and all fire/smoke rated walls must be free of holes or openings.
- Portable fire extinguishers maintained and operational at all times. Extinguishers shall be inspected monthly and maintained, at a minimum annually, by a certified technician. Hand –held extinguishers

must be permanently mounted. The mounting bracket shall be not higher than 5 ft. above the floor and not less than 4 inches from the floor. The minimum size, if purchased new, is 4A:60BC (approximately a 10 lb. cylinder). Extinguishers are required every 75 feet of travel distance.

- Where fire detection, alarm and extinguishing systems are present these systems shall be maintained in operative conditional at all times, and shall be replaced or repaired where defective. Non required systems shall be inspected and maintained or removed.
- Fire protection equipment shall be identified in an approved manner. Rooms containing fire suppression and detection equipment shall be identified for the use of the fire department. Approved signs shall be constructed of durable materials, permanently installed and readily visible.
- All fire department connections shall be periodically inspected, tested and maintained. Caps and plugs must be in place to protect threads and discourage the insertion of any obstructions into system.

If you have any questions, please do not hesitate to contact the Fire Marshal Division.

West Bloomfield Fire Department Right to Know Chemical Survey Form

See Instruction Sheet for Assistance

Complete this form in its entirety and return to:

West Bloomfield Fire Department
Attn: Fire Fighter Right to Know
5425 West Maple
West Bloomfield, MI 48322

Business Name _____

Address _____

City _____ Zip _____

Business Telephone () - _____ Fax () - _____

This Site Is:

(Please Check All That Apply)

- Not a Chemical User
- Chemical User - Chemicals used or consumed in activities on site
- Chemical Producer - Chemicals manufactured or packaged at this site
- Other - Mark this box if chemicals are stored on site, but not used or produced. Please specify (Examples: Service Station, Retail Store, Storage Facility)

Owner/Operator Name:

Last _____ First _____

Title _____ Key Holder? YY / NN

Home Address _____

City _____ State _____ Zip _____

24 Telephone () - _____ Cell () - _____

Fire/Burglar Alarm Company:

CompanyName _____

Address _____ Keyholder? YY / NN

City _____ State _____ Zip _____

24 Hour Telephone () - _____ Other Phone () - _____

West Bloomfield Fire Department
Right to Know Chemical Survey Form

Other Emergency Contacts:

Last _____ First _____

Title _____ Key Holder? YY / NN

Home Address _____

City _____ State _____ Zip _____

24 Telephone () - _____ Cell () - _____

Last _____ First _____

Title _____ Key Holder? YY / NN

Home Address _____

City _____ State _____ Zip _____

24 Telephone () - _____ Cell () - _____

Last _____ First _____

Title _____ Key Holder? YY / NN

Home Address _____

City _____ State _____ Zip _____

24 Telephone () - _____ Cell () - _____

Form Filled Out By: _____ Title _____
(Please Print)

Signature _____ Date _____

For Office Use Only
Date Received: _____



Right – To – Know

Chemical Inventory Request

In reviewing the information that you have provided, we have determined that more information about your facility is required in order to fulfill our obligations under the MIOSHA rules. Your survey indicated that hazardous chemicals are used, produced, or stored in your facility. On the following page, please provide us with the following information:

- The name of every chemical that you referred to in the initial survey as it appears on the label
- A brief description of what each chemical is used for
- What form the chemical is in, i.e. solid, liquid, or gas
- The average amount of each chemical kept on hand in units of measure, such as gallons, pounds, ounces, etc. (boxes, bottles, cartons, bags, tanks, etc. are not acceptable).
- The location where the chemicals are stored
- The maximum amount of each chemical kept on hand.

In addition, please provide us with a complete copy of the latest version of the Material Safety Data Sheet (MSDS) for each chemical referred to on our initial survey. The MSDS will provide us with needed information allowing us to preplan your facility.

Lastly, please also provide us with a one page map of your facility, outlining the general layout of the building: locations of doors, walls, and windows: locations where chemicals are stored: and locations where the chemicals are being used.

The information we request will greatly improve our readiness to respond to your facility in case some unforeseen event occurs that requires you to call for assistance. This information will allow our personnel to take specific action more rapidly and efficiently, reducing the overall impact on your facility, your staff, and your customers.

Return this form with the information requested information within 10 (ten) working days to:

Fire Fighter Right to Know
West Bloomfield Fire Department
5425 West Maple
West Bloomfield, MI 48322

Thank you for your cooperation. If you should have any questions, please feel free to contact us at 248-409-1505 during business hours.

West Bloomfield Fire Department Right to Know Chemical Inventory Request Form

Facility Name _____
Address: _____
City, Zip _____

This form may be duplicated as needed.

Product Name	Chemical Name CAS Number- If Available	Brief Description	Form (Solid, Liquid, Gas)	Average Amount On Hand/Units	Location Where Stored.	NFPA 704 Classifications if Available
			Solid _____ Liquid _____ Gas _____			Health _____ Fire _____ Reactivity _____ Other _____
			Solid _____ Liquid _____ Gas _____			Health _____ Fire _____ Reactivity _____ Other _____
			Solid _____ Liquid _____ Gas _____			Health _____ Fire _____ Reactivity _____ Other _____
			Solid _____ Liquid _____ Gas _____			Health _____ Fire _____ Reactivity _____ Other _____
			Solid _____ Liquid _____ Gas _____			Health _____ Fire _____ Reactivity _____ Other _____
			Solid _____ Liquid _____ Gas _____			Health _____ Fire _____ Reactivity _____ Other _____

Completed by (Please Print)

Signature

Date Completed

Please Return completed form to:
 Firefighter Right To Know
 West Bloomfield Fire Department
 5425 West Maple
 West Bloomfield, MI 48322

Fire Dept. Use Only
 Completed By: _____



Right – To – Know

DOT Chemical Survey Instructions

Section 14i of the Michigan Occupational Safety and Health Act (MIOSHA), Act no. 154 P.A. of 1974 as amended requires that each fire chief prepare and disseminate to each firefighter information on facilities within their jurisdiction that use or produce hazardous chemicals.

The Michigan Fire Prevention Code, Act No. 201, P.A. of 1941, as amended, requires that any firm handling hazardous chemicals provide information upon request. This allows the Fire Department to gather information on each chemical in order to meet the requirements.

This is an official request to provide information on the chemicals that you use, produce, or store at your facility. Even if you do not use any chemicals at your facility, you are still required to fill out the form.

Instructions: This survey is divided into separate hazard classes that are defined by the U. S. Department of Transportation (DOT), and are indicated on the labeling for chemicals that fit these classes. For each hazard class, please indicate by checking the appropriate box if you have chemicals on your site at or above specified quantities, below specified quantities, or do not have at your facility. If a chemical has more than one characteristic type, please indicate in the correct categories. As an example, chlorine is listed both as a corrosive and as a poison. A check mark in each of these categories under the quantities present is required to complete the form.

To complete the survey, you may need to reference Material Safety Data Sheets, SARA Title III reporting forms, any labels present, or the definition pages attached to this packet.

If you do not have any chemicals in a specific category, please mark the do not have box in that category.

What needs to be included on this survey? Every chemical that you use, produce, or store at your facility needs to be included in this survey. Also included in this grouping are chemicals that you have listed in Employee Right to Know for chemicals on the job site.

What does not need to be included in this survey? Chemicals that are not included in this survey are limited to quantities of household chemicals that you would normally find in your own home, such as dish soap, hand soap, window cleaner, etc.

This survey must be completed and returned to the Fire Prevention Officer inspecting your facility before the inspection can be considered complete. Any further questions concerning this form may be directed to the Inspector.

This survey may be followed up with a request for more detailed information. This may include a request for Material Safety Data Sheets, chemical lists maintained under the Employee Right to Know provisions of MIOSHA, as well as other information about quantities, use, storage, etc., of the chemicals involved.

Thank you for your cooperation. If you have any questions, please do not hesitate to contact the Fire Marshal Division during business hours at 248-409-1505.

West Bloomfield Fire Department DOT Chemical Survey Form

Chemical Type	Specified Quantity	Have At or Above Specified Quantity	Have but Below Specified Quantity	Do Not Have
DOT Class 1				
Explosives & Blasting Agents (Not including Class C Explosives)	Any Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOT Class 2				
Poison Gas	Any Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flammable Gas	100 Gal. Water Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Flammable Gas	100 Gal. Water Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOT Class 3				
Flammable Liquid	1000 Gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combustible Liquid	10,000 Gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOT Class 4				
Flammable Solid (Dangerous when Wet)	100 Pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flammable Solid	500 Pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spontaneously Combustible Material	100 Pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOT Class 5				
Oxidizers	500 Pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organic Peroxides	250 Pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOT Class 6				
Poisons	500 Pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritating Material: Liquid	1000 Gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritating Material: Solid	500 Pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOT Class 7				
Radioactive Material (Yellow III Label)	Any Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOT Class 8				
Corrosives: Liquid	1000 Gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrosives: Solids	500 Pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOT Class 9				
Misc. Dangerous Goods	Any Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Business Name: _____

Address: _____

HAZARDOUS CHEMICAL DEFINITIONS

CHEMICAL TYPE	DEFINITIONS
Poison Gas	<u>Extremely dangerous poisons, Highly toxic poisonous gases or liquids</u> - a very small amount of the gas, or vapor of the liquid, mixed with air is dangerous to life.
Poison	<u>Less dangerous poisons, toxic</u> - Substances, liquid or solids (including pastes and semi-solids) so toxic to man that they are a hazard to health during transportation.
Flammable Gas	A gas that can burn with the evolution of heat and a flame. Flammable compressed gas is any compressed gas of which: (1) a mixture of 13 percent or less (by volume) with air is flammable, or (2) the flammable range with air is under 12 percent.
Non-Flammable Gas	Any compressed gas other than a flammable compressed gas.
Flammable Liquid	Any liquids having a flashpoint below 100 degrees F (37.8 degrees C), except any mixture having components with flashpoints of 100 degrees F (37.8 degrees C) or higher, the total of which makes up 99 percent or more of the total volume of the mixture.
Combustible Liquid	Any liquid having a flashpoint at or above 100 degrees F (37.8 degrees C), but below 200 degrees F (93.3 degrees C), except any mixture having components with flashpoints of 200 degrees F (93.3 degrees C) or higher, the total volume of which make up 99 percent or more of the volume of the mixture.
Corrosives - Liquid and Solid	Any liquid or solid that causes visible destruction or irreversible damage to human skin tissue. Also, it may be a liquid that has a severe corrosion rate on steel.
Irritating Material - Liquid and Solid	A liquid or solid substance which, upon contact with fire or air gives off dangerous or intensely irritating fumes.

Explosives and Blasting Agents -	<p>“Explosive means a chemical that causes a sudden, almost instantaneous release of pressure, gas, and heat when subjected to sudden shock, pressure, or high temperature. (Does not include Class C explosives. Blasting agent: A material designed for blasting. It must be so insensitive that there is very little probability of: (1) accidental explosion or (2) going from burning to detonation.) (Does not include Class C explosives.)</p>
Radioactive Material - (Yellow 111 Label)	<p>Any material, or combination of materials, that spontaneously gives off ionizing radiation.</p>
Flammable Solid (Dangerous when Wet)	<p>Water Reactive Material (solid) - Any solid substance (including sludges and pastes) which react with water by igniting or giving off dangerous quantities of flammable or toxic gases. (Sec 171.8)</p>
Flammable Solid.	<p>A solid, other than a blasting agent or explosive, that is liable to cause fire through friction, absorption of moisture, spontaneous chemical change, or retained heat from manufacturing or processing, or which can be ignited readily and when ignited burns so vigorously and persistently as to create a serious hazard.</p>
Spontaneously Combustible Material	<p>A solid substance (including sludges and pastes) which may undergo spontaneous heating or self-burning under normal transportation conditions. These materials may increase in temperature and ignite when exposed to air.</p>
Oxidizer	<p>A chemical that initiates or promotes combustion in other materials, thereby causing fire either of itself or through the release of oxygen or other gases. Examples being: Chlorate, permanganate, inorganic peroxide, or a nitrate, that yields oxygen readily.</p>
Organic Peroxide	<p>An organic compound that contains the bivalent O-O structure and which may be considered to be a structural derivative of hydrogen peroxide where one or both of the hydrogen atoms has been replaced by an organic radical.</p>
Carcinogen	<p>A chemical is considered a carcinogen if: (A) It has been evaluated by the International Agency for Research on Cancer (IARC), and found to be a carcinogen or potential carcinogen; or (B) It is listed as a carcinogen or potential carcinogen in the Annual Report on Carcinogens published by the National Toxicology Program (NTP) (Latest Edition); or (C) It is regulated by OSHA as a carcinogen.</p>



City of Keego Harbor

2025 Beechmont
Keego Harbor, Michigan 48320

Please fill out to be included on the City website

Business Name _____

Business Address _____

Business Phone Number _____

Type of Business _____

History /Description of Business _____

Website _____

Email for City Use Only _____