



Infectious Waste Management Facility Permit Application

Physical Address: 22 South State Street, Clearfield, UT 84015
Mailing Address: P.O. Box 618, Farmington, UT 84025
Phone: 801-525-5128 Fax: 801-525-5119

Type of Permit: New Facility Permit Renewal Change of Ownership

Facility Information

| | |
|-------------------|------------------------|
| Facility Name: | Facility Phone Number: |
| Physical Address: | City/State/Zip: |
| Email Address: | Tonage per year: |

Invoice Information Same as: Facility Information

| | |
|------------------|-----------------|
| Name: | |
| Billing Address: | City/State/Zip: |

Mailing Information Same as: Facility Information Invoice Information

| | |
|------------------|-----------------|
| Name: | |
| Mailing Address: | City/State/Zip: |

Owner/Corporation Information

| | |
|----------------------------|----------------------------|
| Owner Name: | Corporation Name: |
| Owner Email Address: | Owner Phone Number: |
| Owner/Corporation Address: | City/State/Zip: |
| Local Contact Name: | Local Contact Phone/Email: |

Requested permit will be issued only after a satisfactory pre-opening inspection has been conducted and the required permit fee has been received. Operating an infectious waste management facility prior to permit issuance, other than an authorized renewal procedure, is a Class B Misdemeanor. Applicant agrees that maintenance of a health permit is predicated on compliance with the Davis County Infectious Waste Rules and Regulations. This permit is revocable for non-compliance. **I agree to comply with all laws governing infectious waste management in Davis County.**

Signature of Applicant: _____ Date: _____ Title: _____

Permit Approval Office Use Only

Permit Fee Date Paid _____ Receipt # _____ Amount Paid _____