



License Number: _____

Date Received: _____

Received by: _____ (initials)

Town Fee: _____ Record Fee: _____

TOWN OF BRISTOL JUNKYARD LICENSE APPLICATION FORM

Pursuant to NH RSA 236:114, a person shall not operate, establish, or maintain a junkyard or machinery junkyard until he/she (1) has obtained a license to operate a junkyard business and (2) has obtained a certificate of approval for the location of the junkyard.

Applications for the establishment of a new junkyard must be accompanied by a certificate of approval for the location of the junkyard, and an approved Variance from the Bristol Zoning Board of Adjustment. A Public Hearing will be held by the Board of Selectmen on all applications for the establishment of a new facility. Public Hearings will be scheduled within 14-28 days following receipt of a completed application and a complete inspection by the Bristol Land Use Enforcement Officer. A list of abutters must be included with all applications for new facilities.

FACILITY IDENTIFICATION

Facility Name: _____

Street Location: _____

Mailing Address: _____

Tax Map & Lot #: _____

License Type:

____ New Facility

____ Renewal of existing license

____ Existing unlicensed facility – year established: _____

Attach proof/supporting document for the date established.

Has the facility ever been licensed? _____

If yes, then attach a copy of the most recent license.

APPLICANT IDENTIFICATION

Name: _____

Mailing Address: _____

Telephone Number: _____

Applicant's Date of Birth: _____

OWNER INFORMATION:

Same as above: _____ (If different owner, then indicate correct owner information below)

Name: _____

Mailing Address: _____

Telephone Number: _____

Owner's Date of Birth: _____

CERTIFICATIONS AND OTHER SUPPORTING DOCUMENTATION:

No application will be considered complete without the following documentation (if applicable):

1. Proof that the applicant has the legal right to use the property for the purposes described in the application.
2. Applicant's Certification of Compliance with Best Management Practices established by the New Hampshire Department of Environmental Services (NHDES).
3. Copy of approved facility inspection through the Town.
4. Criminal Records Release Authorization Form and payment (for all applicable parties)
5. Copy of other permits/approvals if applicable:
 - a) Certificate of Approved Location, issued by the Zoning Board of Adjustment (ZBA)
 - b) Variance approval, issued by the ZBA
 - c) Site Plan Review approval, issued by the Planning Board (PB)
 - d) Motor Vehicle Dealer License, issued by New Hampshire Department of Safety (NHDOS)
 - e) License to Operate, issued by NH Department of Transportation (NHDOT) - required if the facility is within 1000 feet or visible from certain federally funded highways
 - f) Hazardous Waste Identification Number - required if the facility generates hazardous waste or burns used oil.
 - g) NHDES Storm Water Permit Notice of Intent - required if storm water is discharged from the property via a ditch, swale, culvert, pipe, drain, or other point source, to surface water.
 - h) Approval to connect open floor drains in fluid handling areas to a Publicly Owned Treatment Works (POTW) or registered holding tank.
 - i) Aboveground Storage Tank (AST) registration - required if petroleum storage capacity is greater than 660 gallons in any single tank or container or 1320 gallons in any combination of tanks and containers, 55 gallons or larger.
 - j) Underground Storage Tank (UST) registration
 - k) Groundwater Release Detection Permit - required for existing facilities located in Class GAA groundwater protection areas.
 - l) Approval from the United States Environmental Protection Agency (USEPA) to operate a secondary aluminum recovery furnace (sweat furnace)
 - m) For existing facilities, copies of all inspection/ investigation reports and related correspondence generated during the last 12 months for all NHDES facility inspections and complaint investigations.

DISCLOSURES/OTHER INQUIRIES:

Have you ever been convicted of larceny or receiving stolen goods? If yes, provide the relevant details:

Are you or the facility the subject of an administrative or judicial enforcement action for a violation of environmental statutes and rules? If yes, provide the relevant details:

Is the facility sited on property that is undergoing remedial action under the direction of the NHDES to clean up contamination? If yes, identify the nature of the problem, the name and telephone number of the NHDES project manager and contractor, and provide the current status of the project.

Storage capacity for other waste types: _____

Storage capacity for storing all other key waste items named in Facility Operations above:

Other storage items: _____

FACILITY SITE PLAN

A site plan must be included with all applications showing and identifying the following (if applicable):

1. Property boundaries with reference to permanent boundary markers
2. Rights-of-way and easements
3. Surrounding land use abutters
4. Access road(s) leading to the facility and all access points
5. On-site access roads
6. Above and below ground utilities
7. Septic systems
8. Surface waters and wetlands
9. Fences, gates, signs and other access control features
10. Building and other structures
11. Drinking water wells and/or surface water intakes within 400 feet
12. Storm water control features, including ditches, swales, culverts, detention basins, and other storm water collection and discharge points
13. Storage areas and devices for each type of waste the facility handles
14. Designated footprints for all on the ground stockpiles, with surrounding fire lanes, as needed
15. For a motor vehicle junkyard:
 - a) Storage area for incoming/unprocessed vehicles
 - b) Vehicle dismantling/draining/processing area, including impervious spill control and containment pad to keep spills and leaks off the ground
 - c) Storage area for processed vehicle
 - d) Vehicle crushing area, including provisions for protecting ground surface around the crusher as needed to keep spills and leaks off the ground
 - e) Storage area for greasy, oily, and fluid containing parts, including provisions to keep parts off the ground on an impervious spill containment surface, sheltered from rain and snow
 - f) Storage area for other used parts
 - g) Fluid storage area (gasoline, used oil, antifreeze, etc.), including roofed secondary containment devices if the storage area is outdoor
 - h) Tire storage area
 - i) Other impervious spill control/containment surfaces
16. Ties showing the facility meets the required setback distances to certain critical features, including but not limited to:
 - a) Roads – a new facility may not be closer than 660 feet from the right-of-way lines for a class I, II, III, or III-a highway, or closer than 300 feet from the right-of-way lines for a class IV, V, or VI highway
 - b) Property boundaries
 - c) Wells and groundwater protection areas – no fluid storage areas within 75 feet of a private well or within the protective radius (typically 400 feet) of public water supply wells. New facilities are prohibited in Class GAA wellhead protection areas
 - d) Surface waters – fluids must be stored at least 50 feet from surface waters
 - e) Wetlands – intrusion into wetlands is prohibited, if the facility is within 100 feet of a wetlands the application may require Wetlands Bureau approval through NHDES
 - f) Flood Zone – if located in a flood zone the application must show how all waste and fluids will be protected from flood impacts
 - g) Rivers – new facilities must be setback at least 250 feet from designated rivers, existing facilities may not expand closer to any designated river
 - h) Shoreland Protection Act – new facilities must be setback at least 250 feet from any shoreland, existing facilities may not expand closer to any shoreland
 - i) Storm drains/catch basins – fluids must be stored at least 50 feet from storm drains/catch basins

DESCRIPTION OF FACILITY OPERATIONS:

Type of enterprise: Commercial Private

Types of junk, waste, and other items the facility receives or intends to receive and stores or intends to store (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Cars and light trucks | <input type="checkbox"/> Heavy trucks and construction vehicles |
| <input type="checkbox"/> OHRVs, ATVs | <input type="checkbox"/> Lawn & garden equipment |
| <input type="checkbox"/> Farm equipment | <input type="checkbox"/> Boats/watercraft |
| <input type="checkbox"/> Campers/trailers | <input type="checkbox"/> Mobile homes |
| <input type="checkbox"/> Machinery/tools | <input type="checkbox"/> Washers, dryers, other appliances |
| <input type="checkbox"/> Pipes and fittings | <input type="checkbox"/> Plumbing fixtures |
| <input type="checkbox"/> Aluminum beverage containers | <input type="checkbox"/> Aluminum scrap |
| <input type="checkbox"/> Cable/wire | <input type="checkbox"/> Metal turnings |
| <input type="checkbox"/> Cast iron radiators, boilers | <input type="checkbox"/> Propane tanks |
| <input type="checkbox"/> Other compressed gas tanks | <input type="checkbox"/> Empty petroleum storage tanks |
| <input type="checkbox"/> Other storage tanks | <input type="checkbox"/> Drums |
| <input type="checkbox"/> Structural steel | <input type="checkbox"/> Other ferrous (iron) scrap |
| <input type="checkbox"/> Electrical devices/equipment | <input type="checkbox"/> Construction or demolition debris |
| <input type="checkbox"/> Other: _____ | |

Days/Hours of Operation: _____

Types of on-site business activities:

- | | |
|--|---|
| <input type="checkbox"/> Used part sales | <input type="checkbox"/> Swap shop |
| <input type="checkbox"/> Second hand shop | <input type="checkbox"/> Used motor vehicle sales |
| <input type="checkbox"/> New motor vehicle sales | <input type="checkbox"/> Body shop |
| <input type="checkbox"/> Repair shop | <input type="checkbox"/> Towing yard |
| <input type="checkbox"/> Impoundment area | <input type="checkbox"/> Other: _____ |

Number of Employees: _____

Types of on-site processing activities and related equipment:

- | | |
|---|---|
| <input type="checkbox"/> Sorting – hand | <input type="checkbox"/> Sorting – magnet |
| <input type="checkbox"/> Cutting – torches | <input type="checkbox"/> Cutting – shears |
| <input type="checkbox"/> Crushing – on-site unit | <input type="checkbox"/> Crushing – mobile crushing service |
| <input type="checkbox"/> Shredding | <input type="checkbox"/> Bailing |
| <input type="checkbox"/> Smelting EPA approval # _____ | |
| <input type="checkbox"/> Used oil burner on site heat DEA approval # _____ | |
| <input type="checkbox"/> Parts washer HW generator identification # _____ | |
| <input type="checkbox"/> Oil/Water separator – Waste water destination: _____ | |
| <input type="checkbox"/> Freon/refrigerant evacuation equipment EPA approved | |
| <input type="checkbox"/> Underground storage tanks DES registration # _____ | |
| <input type="checkbox"/> Above-ground storage tanks DES registration # _____ | |
| <input type="checkbox"/> Other: _____ | |

FACILITY SIZE/CAPACITY:

Number of End of Life Vehicles (ELVs) received annually on average: _____

Number of ELVs processed annually on average: _____

ELV storage capacity (# of vehicles and/or size of storage area): _____

Length of time ELVs are stored before removal: _____

Number of ELVs currently stored: _____

Tire storage capacity (# of tires and/or size of storage area): _____

Number of tires currently stored: _____

Battery storage capacity (# of batteries and/or size of storage area): _____

Fluid storage capacity (gallons by fluid type): _____

APPLICATION FEE (payment to the Town of Bristol):

___ Application for a new facility \$200.00

___ Renewal of existing license \$50.00

___ Existing unlicensed facility \$50.00

CRIMINAL RECORDS CHECK FEE (payment to State of NH – Criminal Records):

___ Record check fee per person \$25.00

I certify that the information included with this application is accurate and complete to the best of my knowledge. That any license issued based on inaccurate information is subject to immediate withdrawal. That the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction. I further certify that I am aware of and will comply with, any deed restrictions or covenants, and any regulations or conditions imposed by the Selectmen, Zoning Board of Adjustment and/or Planning Board as it relates to this property and the proposed use. I understand that the License must be prominently displayed. Failure to prominently display the License is sufficient grounds for withdrawal of the License.

Signature of Applicant

Print Name of Applicant

Date

Signature of Applicant

Print Name of Applicant

Date

Compliance Certification Statement

For obtaining a license to operate an automotive recycling yard or motor vehicle junkyard license pursuant to RSA 236:115, II and RSA 236:121

Facility Name: _____

Facility Street Location: _____ Town: _____

Facility Owner / Operator: _____

- This facility is an: existing facility (complete statement 1 below)
 proposed facility (complete statement 2 below)

1. For an EXISTING facility, complete this statement and attach to the license application:

I am familiar with the best management practice (BMPs) established by the Department of Environmental Services (DES) for the automobile salvage industry * and to the best of my knowledge and belief based in part on my own inspection and review of facility operations, I certify hereby that the facility is: *(check one and sign beneath):*

- Operated in compliance with the BMPs established by DES
- NOT operated in compliance with the BMPs. *(Attach a full description of all aspects of the facility that are non-compliant, and provide a plan and schedule for achieving compliance. Prepare to present the same information at a hearing, to be scheduled by town officials pursuant to RSA 236:111-129).*

Signed under penalty of unsworn falsification:

Facility Owner / Operator Signature

Date

2. For a PROPOSED facility, complete this statement and attach to the license application:

I am familiar with the best management practice (BMPs) established by the Department of Environmental Services (DES) for the automobile salvage industry * and to the best of my knowledge and belief based in part on my personal inspection and review of the plans and specifications for the proposed facility, I certify hereby that the facility is designed and shall be operated in compliance with the BMPs established by DES.

Signed under penalty of unsworn falsification: _____

Facility Owner / Operator Signature

Date

For a complete list of the referenced BMPs, see booklet titled "Motor Vehicle Salvage Yard Environmental Compliance Manual & Self-Audit Checklist" published by the Department of Environmental Services (DES). Copies are available by contacting the DES Green Yards Program for Auto Recyclers at 29 Hazen Drive, PO Box 95, Concord, NH 03302; email: nhgreenyards@des.state.nh.us; telephone: (603) 271-2938. Also, the booklet can be downloaded from the DES website at: <http://des.nh.gov/SW/GreenYards/GYComplianceManual.pdf>



State of New Hampshire

Department of Safety
DIVISION OF STATE POLICE

Criminal Records Unit
33 Hazen Drive, Concord, NH 03305

CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM

INSTRUCTIONS

NH RSA 1064:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized, (not required).

SECTION I (PLEASE PRINT CLEARLY)

Last Name _____ First Name _____ Maiden _____ MI _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Hair Color _____ Eye Color _____ Male Female

Driver's License Number _____ State _____

My signature below signifies I am the individual listed above and the information provided is true.

Signature _____ Date _____

Signed under penalty of unsworn falsification pursuant to RSA 641:13

PURPOSE OF RECORD

Housing Employment Annulment/Expungement Other _____

SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

Person or Entity to Receive Record _____

Address _____ City _____ State _____ Zip _____

Your Signature _____ Date _____

Notary's Signature(not required) _____ Date _____

(Affix seal)

Signature of person/entity to receive record _____ Date _____

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The Director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

To prevent a delay in processing, I have enclosed a self-addressed envelope.

Prepaid Acc't Number _____

A \$25.00 fee is required for each request. Make checks payable to: State of NH - Criminal Records.