

This form is to be completed by the Applicant and returned to the Lender prior to submission of the application.. The applicant may wish to retain an engineer and/or attorney to assist in the completion of this questionnaire.

1. GENERAL INFORMATION

A. Business Address _____

Brief Legal Description _____

B. Name of current property owner(s): _____

C. **Type of business currently operating the premises.** SIC code if known _____

- 1. Personal Services
- 2. Manufacturing
- 3. Transportation
- 4. Retail Service
- 5. Health Service
- 6. Education Service
- 7. Engineering & Management
- 8. Other

D. **Type of business to be operated on the premises.** SIC code if known _____

- 1. Personal Services
- 2. Manufacturing
- 3. Transportation
- 4. Retail Service
- 5. Health Service
- 6. Education Service
- 7. Engineering & Management
- 8. Other

E. **Historic use of the property.** (Check as many as apply) SIC Code if known _____

- 1. Personal Services
- 2. Manufacturing
- 3. Transportation
- 4. Retail Service
- 5. Health Service
- 6. Education Service
- 7. Engineering & Management
- 8. Other

F. **Did this property have, or will have, underground storage tanks in use?**

- Yes
- No
- Unknown as to past use

G. Environmental Permits

- Current ownership has current permits
Type of permit(s): _____
- Current owner/ tenant had permits
Reason for no longer having permit(s): _____
- Current owner / Tenant has applied for permit(s)
Types of Permit(s): _____

H. Is the owner/tenant aware of any notices of violations, or correspondence with governmental agencies, or internal correspondence regarding the release, threat of release, or cleanup of hazardous substances at this property?

- Yes
- No
- Unknown

I. Type of business(es) currently operating on property adjacent to applicant business.
(Check as many as apply) SIC codes if known: _____

- 1. Personal Services
- 2. Manufacturing
- 3. Transportation
- 4. Retail Service
- 5. Health Service
- 6. Education Service
- 7. Engineering & Management
- 8. Other

J. Has an environmental audit of this property ever been conducted?

- Yes
Date _____ By Whom: _____
- No
- Unknown

2. INFORMATION REGARDING HAZARDOUS SUBSTANCES

Please provide snapshots of the property.

A. Are there currently chemicals, fuels, pesticides or waste products on this property.? (Check as many as apply).

- Yes
- Stored in Tanks
 - Stored in Drums
 - Disposed of directly on the property or adjacent sites
 - Stored or disposed of in surface impoundment's, pit, landfills, ponds, lagoons or piles.
- No

B. Is there now or has there ever been any system of underground disposal (e.g. septic tanks) at this property?

- Yes
- Septic Tank
 - Other (Explain)
- No

C. If you answered "Yes" to having chemicals, etc., currently on the property, have there been any accidental spills?

- Yes
If yes, what was the name(s) of the chemical(s), etc., which spilled?
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- No
- Unknown as to past usage

D. If you answered "Yes" to having chemicals, etc., currently on the property, what is the current practice for disposal of the used solvents, oils, metal shavings, plating solutions, etc.?

Signature _____

Date _____