

**WESTERN NORTH CAROLINA REGIONAL AIR QUALITY AGENCY**  
 APPLICATION FORM FOR PERMIT TO CONSTRUCT/OPERATE  
 A GASOLINE DISPENSING FACILITY  
 WITH STAGE I VAPOR RECOVERY

Please Print or Type

**1 Owner of Gasoline Dispensing Facility**

Name of Business			
Billing Address			
City	State	ZIP	Phone

**2 Name and Title of Applicant (Applicant must be an authorized agent of owner of facility)**

Name	Title
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**3 Location of Gasoline Dispensing Facility**

Name of Facility			
Street Address			
City	State	ZIP	Phone
Contact Name at Facility			

**4 Facility Information**

Gasoline Tank Information				Normal Operating Schedule
NCDEHNR Id#	Octane (Reg, Plus, Super)	Tank Size (In Gallons)	Dual or Coaxial (D or C)	
_____	_____	_____	_____	Hours per Day: _____
_____	_____	_____	_____	Days per Week: _____
_____	_____	_____	_____	Weeks per Year: _____
_____	_____	_____	_____	Annual Throughput of Gasoline (In Gallons)
_____	_____	_____	_____	2 Years Ago (Gal / Yr) _____
_____	_____	_____	_____	Last 12 months (Gal / Yr) _____
_____	_____	_____	_____	Estimated (if new facility) _____

**5 Certification:**

I state that the information above is accurate. If a permit is issued, the applicant agrees to abide by its terms and conditions. I understand any misrepresentation can be grounds for the modification or revocation of the permit.	
_____ Applicant's Signature	_____ Date

Return to:  
 WNC Regional Air Quality Agency  
 Attn: Stage I Vapor Recovery  
 PO Box 2749  
 Asheville, NC 28802