

ASHEVILLE-BUNCOMBE 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:
AB Air Quality
 Attn: Stage I Vapor Recovery
 125 S. Lexington Avenue, Suite
 101 Asheville, NC 28801