



COUNTY OF SISKIYOU

AIR POLLUTION CONTROL DISTRICT

525 SOUTH FOOTHILL DRIVE
YREKA, CALIFORNIA 96097-3090
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JAMES E. SMITH
AIR POLLUTION CONTROL OFFICER

A P P L I C A T I O N

AUTHORITY TO CONSTRUCT- GASOLINE DISPENSING/STORAGE FACILITY

- REQUIREMENTS:
- 1) ATTACH SKETCH OR SET OF BLUEPRINTS OF TANKS AND VAPOR RECOVERY SYSTEM.
 - 2) A FILING FEE OF \$200.00 MUST ACCOMPANY THIS COMPLETED APPLICATION.
 - 3) PRINT OR TYPE ONLY ALL PAGES OF APPLICATION AND SUPPLEMENTAL INFORMATION.

LEGAL OWNER OF LAND _____

APN: _____ ZONING: _____

LAND OWNER'S MAILING ADDRESS _____ PHONE: _____

LEGAL OWNER OF GASOLINE TANKS AND DISPENSING EQUIPMENT:

MAILING ADDRESS _____ PHONE: _____

LEGAL OWNER OF FACILITY/BUSINESS _____

MAILING ADDRESS _____ PHONE: _____

OPERATOR OF FACILITY _____

MAILING ADDRESS _____ PHONE: _____

PHYSICAL LOCATION OF FACILITY _____

MAILING ADDRESS _____ PHONE: _____

ARCHITECT/AGENT _____

MAILING ADDRESS _____ PHONE: _____

INSTALLING CONTRACTOR _____

MAILING ADDRESS _____ PHONE: _____

ESTIMATED START WORK DATE: _____ ESTIMATED COMPLETION DATE: _____

GIVE BRIEF DESCRIPTION OF PLANNED WORK: _____

THIS APPLICATION WAS FILLED OUT BY: _____

COMPANY NAME OR EMPLOYER: _____

SIGNATURE DATE

FOR OFFICE USE ONLY

Application accepted by: _____ Date: _____

Authority to Construct #: _____ Permit to Operate #: _____

Check Amount: _____ Check #: _____ Receipt #: _____

Date Check Received: _____ Received By: _____

VAPOR RECOVERY APPLICATION SUPPLEMENTAL INFORMATION

APPLICABLE PHASE I VAPOR RECOVERY ARB EXECUTIVE ORDER(S): _____

Gasoline Tank or Compartment Product or Grade and Capacity in Gallons: (ex: "1 Regular 10,000 gal")

1 _____ 2 _____ 3 _____ 4 _____

Tank Manufacturer: _____ Model: _____

Above – Ground: _____ Yes _____ No Underground: _____ Yes _____ No (check yes or no on each item)

Number of existing gasoline storage tanks: _____ Number of tanks to be removed: _____

How many gasoline storage tanks will be installed? _____

Total number of gasoline storage tanks after construction/modifications are completed:

_____ Above - Ground _____ Underground

Estimated total annual throughput of gasoline in gallons of all grades combined: _____

Distance (in feet from parcel boundary) and identification of nearest receptor: _____

Distance (in feet from parcel boundary) and name of nearest school: _____

APPLICABLE PHASE II VAPOR RECOVERY ARB EXECUTIVE ORDER(S): _____

Total number of existing vapor recovery nozzles: _____

Total number of vapor recovery nozzles to be installed: _____

Total number of vapor recovery nozzles after work completed: _____

Nozzle Manufacturer: _____ Nozzle Model: _____

Hose Manufacturer: _____ Hose Model: _____

Dispenser Manufacturer: _____ Dispenser Model: _____

Total length (in feet) of trenching, exposure, and or installation of vapor recovery piping: _____

Applicable Vapor Processor Make & Model: _____

Applicable In Station Diagnostics Make & Model: _____

Vapor Recovery Compliance Test Contractor & Technicians' Applicable Manufacturers' Certifications:

Installing Contractor Contact Person: _____

Architect/Agent Contact Person: _____

Additional remarks or information: _____