

**WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION**

**APPLICATION FOR AUTHORITY TO CONSTRUCT/MODIFY
AND/OR PERMIT TO OPERATE A GASOLINE DISPENSING FACILITY**

Return to: Air Quality Management Division
PO Box 11130
Reno, Nevada 89520-0027
(775) 784-7200, Fax (775) 784-7225

www.ourcleanair.com

INSTRUCTIONS:

- * A **Plan Review Fee of \$583.00** must be submitted with the Application
For new facilities an additional Operating Permit Fee will be assessed after completion of the air quality emissions review which is based on a fee per dispensing nozzle.
- * Include construction drawings for the facility showing location of all gas tanks, piping, nozzles, island configuration (Dog Bone Island etc.), and nearest street intersection.
- * Application must be filled out completely for all items that are applicable.
- * Application must be signed by a responsible person knowledgeable concerning the operation of the equipment.

1. Full Business Name (Name Permit will be issued under):

2. Address (actual location of facility):

Street

City

State

Zip Code

County

3. Business/Mailing Address (if different than above):

Street

City

State

Zip Code

County

4. Name & Address of Contact Person (Responsible Party):

Name

Street

City

State

Zip Code

County

Telephone No.: _____ Fax No.: _____

5. Name & Address of Construction Contractor (if known):

Name

Street

City

State

Zip Code

County

Telephone No: _____ Fax # _____

6. Expected date for start of construction (for new/modified installations): _____
Estimated date of start of operation: _____

7. Reason for Application: () New Construction () Modification () Other _____

Give Brief Project Description: _____

8. Facility Type (check all that apply): () Vehicle () Aircraft () Marine () Agricultural () Government () Business Fleet () Rental () Other _____

Circle One: Above Ground or Below Ground Storage Tanks. If Above Ground Tanks they must be Certified for both Phase I and Phase II vapor recovery if larger than 1001 gallons.

Type of Gasoline	Tank Size (Gallons)	Estimated Throughput (Gallons per month or yr)	Number of Nozzles			Distance of fill tube from bottom of tank (≤ 6")
			Existing	Proposed	Total	

9. VAPOR RECOVERY EQUIPMENT:

Phase I - () Two Point () Coaxial – Make & Model: _____
 () None/Exempt (Give Reason): _____

Phase II - () Balance () Aspirator Assist () Vacuum Assist
 () None/Exempt (Give Reason): _____

California Air Resources Board Phase II configuration - Executive Order & Exhibit Number or New York State Certification:

Complete All Items That Are Applicable

CALIFORNIA AIR RESOURCES BOARD CERTIFIED EQUIPMENT LIST						
Equipment	Quantity	Make & Model		Equipment	Quantity	Make & Model
Nozzles				Dispensers		
Nozzle Swivels				Dispenser Swivels		
Hoses				High Hose Retractor		
Liquid Pickups				Blending Valves		
Breakaways (optional)				Splash Bucket Drain (Phase I)		

* Remote Vapor Check Valves are not approved for installation in Washoe County, Nevada *

NOTE: Applicant agrees to allow on site inspection during and after construction by the Air Quality Management Division during working hours without prior notice. The operator must notify this office when facility commences and completes construction. An official Permit to Operate will not be issued until a final inspection is made and any test data has been forwarded to this office assuring that equipment will meet all district and state regulations.

This application is submitted in accordance with the provisions of Section 030.005, and under penalty of perjury, to the best of my knowledge the information supplied in this document is true and correct.

 Signature / Print or Type Name and Title / Date