

APPLICATION FOR A **GASOLINE DISPENSING FACILITY** AIR QUALITY STATIONARY SOURCE
PERMIT TO OPERATE

Return to: Washoe County Health District
Air Quality Management Division
1001 E. Ninth Street B171
Reno, Nevada 89512
(775) 784-7200

www.OurCleanAir.com

GENERAL INFORMATION FOR ALL AIR QUALITY PERMIT TO OPERATE APPLICATIONS

- A Plan Review Fee of **\$1,195** must be submitted with this 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 an **inventory of new equipment to be installed** as well as construction drawings for the facility showing location of all gas tanks, piping, nozzles, island configuration, and nearest street intersection.

Legal Business Name (Name Permit will be issued under):

1. Physical Location:

Street Address/Parcel #: _____

City: _____ State: _____ Zip Code: _____

Onsite Contact: _____ Title: _____

Telephone: _____ E-Mail: _____

2. Mailing Address (if different than above):

Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Representative: _____ Title: _____

Telephone: _____ E-Mail: _____

3. Billing Address (if different than above):

Street Address: _____

City: _____ State: _____ Zip Code: _____

Billing Representative: _____ Title: _____

Telephone: _____ E-Mail: _____

Modification/Reconstruction of an existing facility.

Current Permit to Operate number:

Description of modification:

New Construction

Estimated dates of construction: _____

Estimated date of start of operation: _____

Equipment:

Storage Tanks

Tank No.	Type		Capacity (gallons)	Tank Status		Type of Fuel
				New	Existing	
1	<input type="checkbox"/> Underground	<input type="checkbox"/> Aboveground		<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/> Underground	<input type="checkbox"/> Aboveground		<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/> Underground	<input type="checkbox"/> Aboveground		<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/> Underground	<input type="checkbox"/> Aboveground		<input type="checkbox"/>	<input type="checkbox"/>	

Underground Tanks

Underground Tanks - Phase I Vapor Recovery System - Gasoline or E85 only

Phase I Manufacturer and CARB Executive Order	Phase I Description Check applicable box(s)	Number of Tank Vents	P/V Valve		
			Number of P/V Valves	Make	Model
VR-101 Phil-Tite VR-102 OPW VR-103 EBW VR-104 CNI VR-105 Emco Wheaton Other _____	Secondly Contained Direct Bury Vapor Riser Offset Double Fill Remote Remote Additive Fill				
<input type="checkbox"/> Two – Point <input type="checkbox"/> Coaxial	Make & Model:				
Number of Nozzles:					

Underground Tanks - Phase II Vapor Recovery System - Gasoline or E85 only		
Phase II Manufacturer and CARB Executive Order	No. of Nozzles	
	Existing	Additional or New

Above Ground Tanks

Aboveground Tanks – Vapor Recovery System – Gasoline or E85 Only						
Tank No.	Information	Phase I Manufacturer and CARB Executive Order	Phase II CARB Executive Order (if applicable)	P/V Valve		
				Number of P/V Valves	Make	Model
1	Make:	<input type="checkbox"/> VR-401-E OPW				
	Model:	<input type="checkbox"/> VR-402-D Morrison Brothers				
2	Make:	VR-401-E OPW				
	Model:	VR-402-D Morrison Brothers				
3	Make:	<input type="checkbox"/> VR-401-E OPW				
	Model:	VR-402-D Morrison Brothers				

Contractor/Technician/Installer Information

Contractor Company and Contact Name	Phone Number	Email

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 the facility commences and completes construction. An official Permit to Operate will not be issued until a final inspection is made and all required 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 030.000, and under penalty of perjury, to the best of my knowledge the information supplied in this document is true and correct.

Responsible Party Signature Date

Print Name Title