

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 FAX (775) 784-7225

[www.OurCleanAir.com](http://www.OurCleanAir.com)

**GENERAL INFORMATION FOR ALL AIR QUALITY PERMIT TO OPERATE APPLICATIONS**

- A Plan Review Fee of **\$1,165** 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 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:**

<b>Storage Tanks</b>						
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**

<b>Underground Tanks - Phase I Vapor Recovery System - Gasoline or E85 only</b>					
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 _____	Secondarily Contained Direct Bury Vapor Riser Offset Double Fill Remote Remote Additive Fill				
<input type="checkbox"/> Two – Point <input type="checkbox"/> Coaxial	<b>Make &amp; Model:</b>				
<b>Number of Nozzles:</b>					

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	<b>Make:</b>	<input type="checkbox"/> VR-401-E OPW				
	<b>Model:</b>	<input type="checkbox"/> VR-402-D Morrison Brothers				
2	<b>Make:</b>	VR-401-E OPW				
	<b>Model:</b>	VR-402-D Morrison Brothers				
3	<b>Make:</b>	<input type="checkbox"/> VR-401-E OPW				
	<b>Model:</b>	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