Print Form

Email Form

http://www.avaqmd.ca.gov

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(661) 723-8070 Facsimile: (661) 723-3450

Eldon Heason
Executive Director

APPLICATION FOR GASOLINE DISPENSING FACILITY

Page 1 of 2: please type or print

PLEASE REMIT $339 ($119 FOR CHANGE OF OWNER)

1. Permit To Be Issued To (company name to receive permit):

1a. Federal Tax ID No.:

2. Mailing/Billing Address (for above company name):

3. Facility or Business License Name (for equipment location):

4. Facility Address - Location of Equipment (if same as for company, enter "Same"):

Facility UTM or Lat/Long:

5. Contact Name/Title:

Email Address:

Phone/Fax Nos.:

6. Application is for:

☐ New Construction ☐ Modification* ☐ Change of Owner*

For modification or change of owner:

*Current Permit Number:

7. Type of Organization (check one):

☐ Individual Owner ☐ Partnership ☐ Corporation ☐ Utility ☐ Local Agency ☐ State Agency ☐ Federal Agency

8. Vapor Control Equipment:

Phase I: ☐ Two-Point ☐ Coaxial

Phase II: ☐ Balance ☐ Assist ☐ None

Compliance w/ARB Exec. Order:

G-70- _____

G-70- _____

If Phase II is complying with Exec Order G-70-52, Exhibit # is: _____

9. Dispensers: No., Type, Make & Model:

10. Nozzles:

	Single Product	Single Product	Single Product	Dual Product	Triple Product	Diesel/ Other	Diesel/ Other
Fuel or Octane Number:							
No. of Existing Nozzles:							
No. of Nozzles to Add:							
No. of Nozzles to Remove:							
New Total No. of Nozzles:							

11. Nearest Receptors:

Distance (feet or meters):

Residential Property Line _____

Off-site Workplace Property Line _____

School Property Line _____

Medical Facility Structure _____

(Distance from center of closest island or dispenser)

12. Signature of Responsible Person:

Date:

Print or Type Name:

Title:

- For District Use Only -

Application Number:	*Invoice Number:*	*Permit Number:*	*Company/Facility Number:*

ANTELOPE VALLEY AIR QUALITY MANAGEMENT DISTRICT

STORAGE TANK INFORMATION

13. Facility Name: _____

14. Contact Name: _____

15. Storage Tanks: *Note: asterisked (*) equipment is required on gasoline storage tanks*

Tank Number	Type New	Type Exist	Remove? Y	Remove? N	Partition? Y	Partition? N	Capacity (gallons)	Product (type)	Position Aboveground	Position Underground	Submerged Fill Tubes Y	Submerged Fill Tubes N	Fill Tube Type Dual Point*	Fill Tube Type Coax*	Overfill Protect?* Y	Overfill Protect?* N	Vent Valve?* Y	Vent Valve?* N
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16. Fuel Throughput or Sales (gallons):

Fuel	Monthly	Annual
Gasoline		
Diesel		

Notes:

Gasoline is any petroleum distillate or alcohol blend ... having a True Vapor Pressure > 3.9 psi and < 14.7 psi at 100 deg F (ASTM Method D323-89) ... [District Rule 461]

Gasoline includes but is not limited to all octanes (87U, 89U, 91U, 92U and various "high performance") of gasoline, methanol, ethanol, and "aviation gasoline" (AvGas).

Gasoline does not include diesel, JP-4 (Jet-B), JP-5 (Jet-A), JP-8, kerosene, propane, LPG, natural gas (CNG or LNG).