

# ***Instructions for Lassen County Air Pollution Control District***

## ***Permit Application Form***

**Please Note:** No person shall knowingly make any false statement in any application for a permit, or in any information, analysis, plans or specifications submitted in conjunction with the application or at the request of the Air Pollution Control Officer (APCO). Any applicant who fails to submit any relevant facts or who has submitted incorrect information in the Permit Application Form shall upon becoming aware of such failure or incorrect submittal, promptly submit such supplementary factors or corrected information to the APCO. The APCO may request additional information, as needed, to supplement the Permit Application form. If sufficient space is not available in the form, please attach additional information.

- A. **Estimated Construction Schedule:** Please enter the start date and the approximate finish date.
- B. **Operation and Ownership:** The purpose of this section is to provide required information to identify the organization/facility name, address, and appropriate project contact to be used for Authority-to-Construct or Permit-to-Operate applications, Please note that this information provided in this section of the form will appear exactly as indicated in the permit issued. In addition, please note that all permits and billing information will be sent to the first address listed in this section.
- 1 Fill in the legal name of the Business, Company, Individual Owner, or Governmental Agency. Fill in the location of the partnership, company, corporation or agency to be named on the permit. Identify the name and address of the contractor, consultant, or contact person if different from the person identified above for the organization.
  - 2 Fill in the legal name of the Business, Company, Individual Owner, or Governmental Agency. Fill in the location of the facility where the equipment is or is proposed to be installed. Identify the name and address of the contractor, consultant, or contact person.
  - 3 Fill in the legal name of the Business, Company, Individual Owner, or Governmental Agency. Fill in the location for this project. Identify the name and address of the contractor, consultant, or contact person for this project.
- C. **Reason for Application Submittal:** Please check the one box that best describes the permit action pursued in this application form. If there is not an appropriate box, please check "Other" and fill in a brief description. As indicated on the application form, please provide any related permit number(s) and expiration dates for the project if known.
- 1 Is this facility subject to Title V Permitting Requirements. For additional information see 40 CFR Part 70.
  - 2 Please indicate whether the proposed permit unit will be located within 1,000 feet from the outer boundary of a school site. For additional information, see Health and Safety Code Sections 42301.6(f).
  - 3 Please indicate if you are submitting data or information that is confidential or proprietary in nature.
  - 4 Please indicate if all stationary sources with emissions greater than 25 tons per year owned or operated by applicant in California are in compliance with all rules and regulations.
- D. **General Nature of Business or Agency:** Please provide a brief description of the general nature of the business or agency activity (e.g. auto body painting, gasoline storing & dispensing, grain elevator, sand & gravel operations, asphalt/concrete plant, oil production, oil refinery, etc).
- E. **District Specific Questions:** This section is provided for explanations of district specific questions.
- F. **Name of Responsible Party:** Indicate the responsible party to be billed for additional Air Pollution Control District staff time expended beyond the minimum permit application fee.

**LASSEN COUNTYAIR POLLUTION CONTROL DISTRICT**

720 South Street  
Susanville, CA 96130  
(530) 257-1041

**Application Fee: \$56.75 plus Evaluation Fee**

**Permit Application Form**

*(Application must be typewritten or printed in ink. Please provide all pertinent information requested. Incomplete applications are not acceptable. Include all supplemental forms and applicable fees when submitting application.)*

A. **Estimated Construction Schedule:** Start: \_\_\_\_\_ Finish: \_\_\_\_\_

B. **Operation and Ownership:** *Please specify the legal name and address of the partnership, company, corporation or agency to be named on the permit. All permits and billings will be sent to this address.*

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Person/Title: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

*Please specify the facility name, street address, and phone number where the equipment is or is proposed to be installed*

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Latitude: N \_\_\_\_\_ Longitude: W \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Person/Title: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

*Please specify the name, address, and phone number of the contractor, consultant, or contact person for this project.*

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Person/Title: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

C. **Reason for Application Submittal:**

- |   |   |
|---|---|
| <input type="checkbox"/> Build/install new emissions unit/process | <input type="checkbox"/> Modify existing permitted unit/process |
| <input type="checkbox"/> Change in existing permit conditions     | <input type="checkbox"/> Nature of Modification _____           |
| <input type="checkbox"/> Permit to Operate for an existing unit   | <input type="checkbox"/> Relocation of _____                    |
| <input type="checkbox"/> Exempt Engine                            | <input type="checkbox"/> Equipment-Previous location _____      |
| Previous business name _____                                      | <input type="checkbox"/> Other _____                            |

Please provide related permit number(s) and expiration date(s) for this project (if applicable). If you do not know the number, please leave blank. \_\_\_\_\_

4. Is this facility subject to 40 CFR Part 70 - Title V Permitting Requirements?  Yes  No
5. Will the proposed unit operate within 1,000 feet from the boundary of a K-12 school site?  Yes  No
6. Do you claim confidentiality of data with respect to information submitted?  Yes  No
7. Are all stationary sources with emissions greater than 25 tons per year owned or operated by applicant in California, in compliance with all air pollution rules and regulations?  Yes  No

D. **General Nature of Business or Agency:** (e.g., auto body painting, gasoline storage & dispensing, grain elevator, sand and gravel operations, asphalt concrete plant, gas production, etc).

---



---

(\*Use additional sheets and/or supplemental forms if required)

E. **District Specific Questions:**

---



---



---



---



---

*I hereby certify that all information provided on this application is true and correct. I agree to pay any and all fees required by District Rules for processing this application and for issuance of any Permit to Operate or Authority to Construct, including any costs associated with District Rule 3:6 Evaluation Fee. If I abandon this project and withdraw my application or should my application subsequently be disapproved, I agree that the obligation exists to compensate the District for time expended processing my application when required*

F. **Name of Responsible Party:** Individual responsible for certifying all information provided on this form is true, accurate, and complete pursuant to California Health and Safety Code Section 42303.5. Individual with the authority to certify that all applicable requirements are complied with.

Responsible Party (print): \_\_\_\_\_ Title: \_\_\_\_\_

Responsible Party (Signature): \_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature of responsible official, partner, or sole proprietor. *Original Signature Required No Photocopies*)

- *All applications may require supplemental forms and additional data. In addition, plans or drawings may have to be submitted with the application(s). Please contact the district engineering staff for additional information. Failure to adhere to the instructions outlined by the district could result in the application(s) being returned as incomplete.*

---

**FOR OFFICE USE ONLY:**

Date Application Submitted: \_\_\_\_\_  
 Date of Review: \_\_\_\_\_  
 A/C Number: \_\_\_\_\_  
 District Contact: \_\_\_\_\_

Fees Paid: \_\_\_\_\_  
 Date Complete: \_\_\_\_\_  
 A/C Eng Sum: \_\_\_\_\_  
 Permit Number: \_\_\_\_\_

# Lassen County Air Pollution Control District Supplemental Application Form

## GASOLINE DISPENSING

*This form must be accompanied by a completed Application for Authority to Construct and Permit to Operate form.*

Permit to be issued to:	
Facility Owner/ Operator's Name:	Phone Number:
Current Permit to Operate number (if applicable):	

Instructions	
1	Complete a separate form for each tank and dispensing system which has a different type of Phase I or Phase II vapor recovery system with as much information as possible.
2	Attach a copy of the site plan showing underground fuel and vapor lines and location of dispenser islands. You may submit the drawings in electronic format.
Note: Information on Vapor Recovery Executive Orders is available online at: <a href="http://www.arb.ca.gov/vapor/vapor.htm">www.arb.ca.gov/vapor/vapor.htm</a>	

Gasoline Storage Tanks and Nozzles			
Quantity of Tanks	Type of Tanks <i>(Check One for Each Tank)</i>	Capacity in Gallons <i>(Indicate if Split Tank)</i>	Type and Grade of Fuel
	<input type="checkbox"/> Underground <input type="checkbox"/> Aboveground*		
	<input type="checkbox"/> Underground <input type="checkbox"/> Aboveground*		
	<input type="checkbox"/> Underground <input type="checkbox"/> Aboveground*		
	<input type="checkbox"/> Underground <input type="checkbox"/> Aboveground*		
Total Number of Gasoline Dispensers:			
Total Number of Gasoline Fueling Points:		<i>(Maximum number of vehicles which can be fueled at one time, normally two vehicles per dispenser)</i>	
Total Number of Gasoline Dispensing Nozzles:		<i>(Do not include Diesel)</i>	
# Grades of Gasoline Dispensed per Nozzle:			
Total Number of Vapor Recovery Instruction Signs:		<i>(Should be clearly readable from every fueling point)</i>	
Maximum Facility Gasoline Throughput		Gallons per Month	Gallons per year
Facility Type		<input type="checkbox"/> Retail	<input type="checkbox"/> Non-Retail
<b>*For Aboveground Tanks (includes tanks in underground vaults)</b>			
Manufacturer:			
CARB Executive Order Number:			

## Phase I Vapor Recovery System

<b>Manufacturer:</b>			
<b>CARB Executive Order Number:</b>		VR-	
For VR-101 and VR-102 indicate fill configuration <input type="checkbox"/> <b>Single Fill</b> <input type="checkbox"/> <b>Double Fill</b>			
The proposed piping configuration is found in page		Exhibit	of Executive Order
Component	Manufacturer	Model Number	Component Verified? (District Use)
Spill Containment Bucket (Product)			<input type="checkbox"/>
Spill Containment Bucket (Vapor)			<input type="checkbox"/>
Debris Bucket (Product)			<input type="checkbox"/>
Debris Bucket (Vapor)			<input type="checkbox"/>
Rotatable Adaptor (Product)			<input type="checkbox"/>
Rotatable Adaptor (Vapor)			<input type="checkbox"/>
Drop Tube			<input type="checkbox"/>
Dust Cap (Product)			<input type="checkbox"/>
Dust Cap (Vapor)			<input type="checkbox"/>
Pressure/Vacuum Vent Valve			<input type="checkbox"/>
Extractor Fitting			<input type="checkbox"/>
Ball Float Vent Valve			<input type="checkbox"/>
<b>Additional Equipment Not Listed Above</b>			
			<input type="checkbox"/>

## Phase II Vapor Recovery System

<b>Manufacturer:</b>				
<b>System Type:</b>		<input type="checkbox"/> <b>Balance</b>	<input type="checkbox"/> <b>Vacuum Assist</b>	<input type="checkbox"/> <b>Burner</b>
<b>CARB Executive Order Number:</b>				
Component	Manufacturer	Model Number	Component Verified? (District Use Only)	
Nozzle			<input type="checkbox"/>	
Coaxial Hose			<input type="checkbox"/>	
Breakaway Fitting			<input type="checkbox"/>	
Dispenser			<input type="checkbox"/>	
<b>Additional Equipment Not Listed Above</b>				
			<input type="checkbox"/>	
			<input type="checkbox"/>	