



**APPLICATION FOR AUTHORITY TO CONSTRUCT AND/OR PERMIT TO OPERATE**

A SEPARATE APPLICATION AND FORM(S) SPECIFIC TO THE PROCESS  
OR EQUIPMENT MUST BE COMPLETED FOR **EACH** PROCESS OR PIECE OF EQUIPMENT

- A. Both pages of this application must be completed; an original signature (not a facsimile or copy) is required.
- B. The appropriate permit fee must be submitted with the application (refer to the SMAQMD Rules or fee schedule).

7. All information submitted to obtain an Authority to Construct/Permit to Operate is considered public information as defined by section 6254.7 of the California Government Code unless specifically marked as trade secret by the applicant. Each document containing trade secrets must be separated from all non-privileged documents. Each document which is claimed to contain trade secrets must indicate each section or paragraph that contains trade secret information and must have attached a declaration stating with specificity the reason this document contains trade secret information. All emission data is subject to disclosure regardless of any claim of trade secret.

Acknowledgement  (Please initial)

Trade secret documents are included with this application:  Y  N

8. Pursuant to Section 42301.6(f) of the Health and Safety Code, I hereby certify that emission sources in this permit application:

(Initial appropriate box)

ARE, OR

ARE NOT

within 1,000 feet of the outer boundary of a school

Pursuant to section 42301.9(a) of the Health and Safety Code, "School" means any public or private school used for purposes of the education of more than 12 children in kindergarten or any of grades 1 to 12, inclusive, but does not include any private school in which education is primarily conducted in private homes.

9. Required information, analyses, plans and/or specifications needed to complete this application are being collected under authority granted by California Health & Safety Code (CH&SC) section 42303. In addition, CH&SC section 42303.5 states that *No person shall knowingly make any false statements in any application for a permit, or in any information, plans, or specifications submitted in conjunction with the application or at the request of the Air Pollution Control Officer.* Violations of the CH&SC may result in criminal or civil penalties, as specified in CH&SC sections 42400 through 42402.3. By signing below, I certify that all information is true and accurate and complete, to the best of my knowledge and ability.

Signature of responsible officer, partner, or proprietor of firm \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

10. Contact person for information submitted with this application (if different from above):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

## LOCATION DRAWING

Show street intersection nearest to property  
Show location of tank(s) and dispenser(s) on property

	TANK 1	TANK 2	TANK 3
A. Capacity (gallons)	_____	_____	_____
B. Manufacturer and model number of Phase 1 system			
1. Type: C = Coaxial Y = Coaxial "Y" T = Two pipes	_____	_____	_____
2. Fill adapter mfg. & model number	_____	_____	_____
3. Fill cap mfg. & model number	_____	_____	_____
4. Vapor adapter mfg. & model number	_____	_____	_____
5. Vapor cap mfg. & model number	_____	_____	_____
C. Pressure vacuum vent installed (mark N/A if none, or fill in mfg. and model number)	_____	_____	_____
D. Max. distance between submerged fill tube & bottom of tank (in.)	_____	_____	_____
E. Estimated throughput (gal/yr)	_____	_____	_____

F. Dispenser vapor recovery: Balance \_\_\_\_\_ Red Jacket \_\_\_\_\_ Hirt \_\_\_\_\_ Healy \_\_\_\_\_  
 Other \_\_\_\_\_ type \_\_\_\_\_

1. Number of gasoline nozzles \_\_\_\_\_ diesel nozzles \_\_\_\_\_
2. Diameter of main vapor line \_\_\_\_\_ inches  
 (minimum size is 2" diameter for a non-manifolded system)
3. Diameter of dispenser riser vapor line \_\_\_\_\_ inches  
 (minimum size is 3/4" diameter serving a maximum of one nozzle)
4. Main vapor line pipe: Steel \_\_\_\_\_ Fiberglass \_\_\_\_\_
5. Will the vapor piping slope toward the tank?      \_\_\_ yes      \_\_\_ no
6. Will the vapor piping return to the proper tank?      \_\_\_ yes      \_\_\_ no
7. Will vapor piping be manifolded and return to one tank?      \_\_\_ yes      \_\_\_ no  
 (If yes, provide drawing showing vapor pipe diameter and manifolding of tanks)
8. Swing joint at:
 

	Yes	No
a. Base of riser to dispenser	_____	_____
b. Each tank connection	_____	_____
c. Base of vent riser	_____	_____
9. Will the hoses be installed to comply with the hose loop configuration in ARB certification G-70-52?      \_\_\_ yes      \_\_\_ no

G. Nozzles:

Tank No.	No. of Nozzles	Mfg. & Model No. of Nozzle	Mfg. & Model No. of Hoses	Mfg. & Model No. of Overhead Retractor
1				
2				
3				

H. For multi-product dispensers give: Manufacturer \_\_\_\_\_ Model number \_\_\_\_\_

I. Name of installer \_\_\_\_\_

J. If the construction is a modification to an existing facility include a brief explanation of the work that is to be done:

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