

Submit Application (with Original Signature)
and Attachments to:

Lane Regional Air Protection Agency
1010 Main Street, Springfield, OR 97477
Phone: (541) 736-1056
Fax: (541) 726-1205



Gasoline Dispensing Facility Permit Application

1. Permit to be issued to (name of company to receive permit):	
2. Mailing/Billing Address (for the above company name):	
3. Facility or Business Name:	
4. Facility Address (if same as company, enter "Same"):	Facility Lat/Long (if known):
5. Contact Name and Title:	
6. Email Address:	Phone and Fax #:
7. Application is for: <input type="checkbox"/> New construction <input type="checkbox"/> Change of Owner <input type="checkbox"/> New Permit	
8. Business Type (check all that apply): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Corporation <input type="checkbox"/> Retail <input type="checkbox"/> Non-Retail	
9. Nearest Receptors (if known): Please list the distance in feet or meters from the center of the closest island or dispenser to: Residential Property Line _____ School _____	

Tank Information

	Tank #						
	<i>Example</i>						
Type New or Existing?	<i>Existing</i>						
Underground or Aboveground?	<i>Under</i>						
Remove? Yes or No?	<i>No</i>						
Partition? Yes or No	<i>No</i>						
Capacity (in gallons)	<i>5,000</i>						
Product (type)	<i>Gasoline (regular)</i>						
Submerged Fill Tube? Yes or No?	<i>Yes</i>						
Fill Connection? Single-Point /Dual-Point / Coaxial	<i>Coaxial</i>						
Vent Valve? Yes or No?	<i>Yes</i>						

Fuel Throughput or Sales (gallons)	Average Monthly Throughput for 2009	Highest Annual Throughput in the last three years
Gasoline		

Fees

Assignment to General Permit (in addition to first annual fee) *

Annual Fees: (due 12/1 for 1/1 to 12/31 of the following year) : General ACDP Fee Class Five

*Note; This is waived for applications received before April 9, 2010.

Signature of Responsible Official:		Official Title:
Typed or Printed Name of Responsible Official:	Phone Number:	Date Signed: