

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



**LRAPA**  
 Lane Regional Air Protection Agency

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

Fuel Throughput or Sales (gallons)	Average Monthly Throughput for Most Recent Calendar Year	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

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