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Submit Application (with Original Signature) and Attachments to:

permitting@lrapa-or.gov

Call (541) 736-1056 with any questions

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: ☐ New construction ☐ Change of Owner ☐ New Permit	
8. Business Type (check all that apply): ☐ Individual Owner ☐ Corporation ☐ Retail ☐ 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 # *Example*						
Type New or Existing?	*Existing*						
Underground or Aboveground?	*Under*						
Remove? Yes or No?	*No*						
Partition? Yes or No	*No*						
Capacity (in gallons)	*5,000*						
Product (type)	*Gasoline (regular)*						
Submerged Fill Tube? Yes or No?	*Yes*						
Fill Connection? Single-Point /Dual-Point / Coaxial	*Coaxial*						
Vent Valve? Yes or No?	*Yes*						

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: