

**NORTHERN SIERRA AIR QUALITY MANAGEMENT DISTRICT**

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**AUTHORITY TO CONSTRUCT**  
**VAPOR RECOVERY**

**REQUIREMENTS: (PLEASE PRINT OR TYPE ONLY)**

1. A FILING FEE OF \$192.67 MUST ACCOMPANY THIS APPLICATION.
2. A COMPLETE SET OF BLUEPRINTS FOR VAPOR RECOVERY SYSTEM MUST BE INCLUDED.
3. YOU MUST FILL OUT COMPLETELY THE ATTACHED COMPONENT SHEET.

1) LEGAL OWNER OF LAND: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

2) LEGAL OWNER OF GASOLINE TANKS AND DISPENSING EQUIPMENT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

3) LEGAL OWNER OF FACILITY/BUSINESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

4) OPERATOR OF FACILITY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

5) LOCATION OF FACILITY REQUIRING PERMIT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

6) ARCHITECT/AGENT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

7) INSTALLING CONTRACTOR: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

ESTIMATED START WORK DATE: \_\_\_\_\_ ESTIMATED COMPLETION: \_\_\_\_\_

GIVE BRIEF DESCRIPTION OF PLANNED WORK: \_\_\_\_\_

THIS APPLICATION WAS FILLED OUT BY: \_\_\_\_\_  
(your name goes here)

COMPANY NAME OR EMPLOYER: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

(rev 07/23)

**VAPOR RECOVERY COMPONENT LIST**

(DO NOT list Diesel Equipment)

**PHASE I - STORAGE TANK(S)**

Underground: \_\_\_\_\_ Above-ground: \_\_\_\_\_

TANK CAPACITIES: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

PRODUCTS (By Octane) 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

SYSTEM TYPE:

\_\_\_\_\_ OPW 2-POINT

\_\_\_\_\_ OTHER: \_\_\_\_\_

CARB EXECUTIVE ORDER: \_\_\_\_\_

SYSTEM COMPONENTS (Vapor and Fill Adapters must be of the *SWIVEL* type):

FILL TUBE MODEL #: \_\_\_\_\_ FILL ADAPTOR MODEL #: \_\_\_\_\_

VAPOR ADAPTOR MODEL #: \_\_\_\_\_ VAPOR CAP MODEL #: \_\_\_\_\_

FILL CAP MODEL #: \_\_\_\_\_ PRESS. VACUUM RELIEF VALVE MODEL #: \_\_\_\_\_

HOW MANY EXISTING GASOLINE STORAGE TANKS ARE ON-SITE? \_\_\_\_\_

IF ANY, HOW MANY EXISTING GASOLINE STORAGE TANKS WILL BE REMOVED FROM THE SITE? \_\_\_\_\_

HOW MANY GASOLINE STORAGE TANKS WILL BE INSTALLED? \_\_\_\_\_

WHAT WILL BE THE TOTAL NUMBER OF GASOLINE STORAGE TANKS ON-SITE AFTER CONSTRUCTION / MODIFICATIONS ARE COMPLETED? \_\_\_\_\_

HOW MANY UNDERGROUND? \_\_\_\_\_ HOW MANY ABOVE-GROUND? \_\_\_\_\_

**PHASE II - DISPENSING NOZZLE VAPOR RECOVERY**

TOTAL NUMBER OF EXISTING VAPOR RECOVERY NOZZLES? \_\_\_\_\_

TOTAL NUMBER OF VAPOR RECOVERY NOZZLES TO BE INSTALLED? \_\_\_\_\_

TOTAL NUMBER OF VAPOR RECOVERY NOZZLES AFTER WORK IS COMPLETED? \_\_\_\_\_

NOZZLE MANUFACTURER: \_\_\_\_\_ NOZZLE MODEL #: \_\_\_\_\_

HOSE MANUFACTURER: \_\_\_\_\_ HOSE MODEL #: \_\_\_\_\_ LENGTH: \_\_\_\_\_

LIQUID REMOVAL SYSTEM MFR: \_\_\_\_\_ MODEL #: \_\_\_\_\_

DISPENSER MFR: \_\_\_\_\_ MODEL #: \_\_\_\_\_

TYPE OF SYSTEM: BALANCE \_\_\_\_\_ HIRT \_\_\_\_\_ VST \_\_\_\_\_ HEALY \_\_\_\_\_

EXECUTIVE ORDER: \_\_\_\_\_

OTHER \_\_\_\_\_

FOR ABOVE GROUND TANKS PLEASE SPECIFY SYSTEM MANUFACTURER: \_\_\_\_\_

WILL ANY TRENCHING OR EXPOSURE OF VAPOR RECOVERY PIPING BE DONE? \_\_\_\_\_

IF SO, HOW MUCH? \_\_\_\_\_

IF REQUIRED, WHO WILL PERFORM THE LEAK DECAY, DYNAMIC BACK PRESSURE OR AIR TO LIQUID RATIO TESTS? \_\_\_\_\_

INSTALLING CONTRACTOR CONTACT PERSON: \_\_\_\_\_

ARCHITECT/AGENT CONTACT PERSON: \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (rev 07/23)