

Chattanooga-Hamilton County Air Pollution Control Bureau
Certificate for Gasoline Dispensing Facility with Stage 1 Vapor Recovery

*Please print or type***Owner of Gasoline Dispensing Facility**

Name of Business			
Billing Address			
City	State	Zip Code	Telephone Number

Name and Title of Applicant (Applicant must be an authorized agent or owner of facility)

Name	Title
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Location of Gasoline Dispensing Facility

Name of Facility			
Street Address			
City	State	Zip Code	Telephone Number

Certificate Number:

Installation Permit Initial Certificate of Operation Renewal Certificate of Operation (Invoiced Annually)

Facility Information

Gasoline Tank Information				Normal Operating Schedule	
Tank ID or #	Octane (Regular, Mid-grade, Premium)	Tank Size (in Gallons)	Dual or Coaxial (D or C)	Hours per Day:	
				Days per Week:	
				Annual Gallons of Throughput:	
				Previous Years Gallons of Throughput	
				Estimate for New Facility	

Certification:

This is to certify that I am familiar with operations concerning this equipment and the information provided on this application is true and complete to the best of my knowledge:

Applicant's Signature

Date

Return to:
Chattanooga-Hamilton County Air Pollution Control Bureau
2034 Hamilton Place Blvd., STE 300
Chattanooga, TN 37421
(423) 643-5970