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New Source Review Application For Gasoline Dispensing Facility Removal of Stage II Equipment

To Construct, Install, Establish, or Alter an Air Contaminant Source and/or Control Facility

Facility Name:	_____	Contact Person:	_____
Facility Owner:	_____	Phone #:	_____
Physical Address:	_____	Phone #:	_____
City:	_____	State:	_____
		Zip Code:	_____
Billing Address:	_____	Phone #:	_____
City:	_____	State:	_____
		Zip Code:	_____

Type of Process: Removal of stage II vapor control equipment as allowed under WAC 173-491

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Does the facility meet the criteria in [WAC 173-491-040](#) (5)(b) and (c) allowing for the removal of Stage II vapor recovery equipment?

Estimated Project Completion Date: _____

Yes No

Applicant Name (print/type):	_____	Title:	_____
Applicant Signature	_____	Date	_____

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The following must accompany this application:

- * All NSR fees in accordance with NWCAA [324.2](#); ([NWCAA NSR fee schedule](#))
- * A complete [SEPA checklist](#)
- * A Gasoline Station Throughput Report for the most recent calendar year

NWCAA OFFICE USE ONLY

Application Received:	_____	Approval Issued:	_____
Registration #:	_____	N.O.C. #:	_____
NOC Fee Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____		
Date Received:	_____		
Receipt #:	_____		