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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

**SAVE DOCUMENT BEFORE CLICKING LINK**

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 _____

**SAVE DOCUMENT BEFORE CLICKING LINKS**

**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 #: _____	