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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 _____

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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 #: _____	