



1600 South Second Street  
 Mount Vernon, WA 98273-5202  
 ph 360.428.1617  
 tel 800.622.4627  
 fax 360.428.1620  
 www.nwcleanair.org

## New Source Review Application for Removal of Stage II Equipment

**To construct, install, establish or alter an air contaminant source and/or control facility**

SOURCE  
 NAME: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_  
 TELEPHONE # (\_\_\_\_) \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_

**LOCATION OF ACTIVITY**

PHYSICAL ADDRESS:  
 \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 TELEPHONE # (\_\_\_\_) \_\_\_\_\_  
 MAILING ADDRESS (if different than above):  
 \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**OFFICE USE ONLY**

DATE

APPLICATION RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_  
 APPROVAL ISSUED \_\_\_\_/\_\_\_\_/\_\_\_\_

**TYPE OF PROCESS:** removal of stage II vapor control equipment allowed under WAC 173-491 as amended December 24, 1997.

PROJECTED COMPLETION DATE: \_\_\_\_\_

REGISTRATION # \_\_\_\_\_  
 N.O.C. # \_\_\_\_\_  
 NOC fee received YES \_\_\_\_\_ NO \_\_\_\_\_  
 Receipt Number \_\_\_\_\_  
 Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

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?

YES \_\_\_\_\_ NO \_\_\_\_\_

**The following must accompany this application:**

- **A New Source Review fee in accordance with NWCAA 324.2 of \$190 (2006).**
- **A Gasoline Station Throughput Report for the most recent calendar year**