

CITY OF PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH PUBLIC HEALTH SERVICES AIR MANAGEMENT SERVICES

Air Management Services 321 University Avenue Philadelphia PA 19104-4543 Phone: (215) 685-7572 FAX: (215) 685-7593

INSTALLATION PERMIT APPLICATION FOR GASOLINE DISPENSING FACILITIES

Facility Name:	Location of Source (Street Address & Zip Code):						Plant ID: (if known)	
Equipment Owner:	Maili	ng Address (Str	eet Address, City & Zip Code):			Tax ID N	Tax ID No.	
Permit Contact	Mailin Code)	_	eet Address, City & Zip		E-Mail:	Telephon	Telephone:	
	(3000)							
Is this a reconstruction, conversion alteration, or replacement of an ex		Description of Project:					Estimated Completion Date:	
installation? Yes No	isting							
No. of Dispensers at Facility:	Maxii gallor		Gasoline Throughput (in		Tank Capacity (in gallons):		Stage II Vapor Recovery	
Total		15).			(iii ganons).	·		
Gasoline						Yes No		
Diesel								
I certify that I have the authority to submit this Permit Application on behalf of the applicant named herein and that the								
information provided in this application is true and correct to the best of my knowledge and information.								
Signature								
Name & Title	Phone_		Fax	Fax				
DO NOT FILL IN – FOR OFFICE USE ONLY								
Application No. Plant ID			Health District	Census Tract	Fee	Date Receiv	ved	
Approved by		Date	Date Conformance by			Date		

Instructions

INSTALLATION PERMIT APPLICATION FOR GASOLINE DISPENSING FACILITIES

- 1. Complete the application as appropriate. Attach separate sheet(s) as necessary.
- 2. Air Management Services issues this permit for the construction and temporary operation of equipment listed in the application until Air Management Services performs a conformance check and issues an air pollution license.
- 3. You may only use this permit application for gasoline dispensing facilities (a facility from which gasoline is transferred to motor vehicle fuel tanks). You may not use it for bulk gasoline plants or bulk gasoline terminals.
- 4. Complete the application form and submit it along with the application fee payable to the "City of Philadelphia." The fee is \$645.
- 5. All information in the application is available to the public. If you wish to keep some information confidential, please clearly mark the confidential information and submit a separate explaining why this information is confidential. AMS will review the confidential request and advise you as appropriate. If yo are claiming confidential information, you should submit a separate public version of the application with any confidential information redacted.
- 6. Direct all submissions and correspondence to:

Source Registration Air Management Services 321 University Avenue Philadelphia, PA 19104-4543. Phone 215-685-7572

7. Terms

Plant ID: This is an identification number that AMS assigns to facilities. If you are an existing facility, please list the Plant ID if you know it. If you do not know the Plant ID or are a new facility, leave this blank.

Tax ID No.: This is the Federal Tax ID or Social Security Number. If the applicant has an Employer Identification Number (EIN), you must use this number.

Description of Project: If this is a new facility, enter "New Gasoline Dispensing Facility". If this is a modification to an existing facility, please briefly describe the modification. If you are installing new or replacing existing gasoline dispensers, please note if the facility will have all new dispensers or only some new dispensers. If only some dispensers will be new, please note which ones (ex. Pump Nos. 1-4).

Stage II Vapor Recovery: Note if the facility will have stage II vapor recovery. Please note that you may only remove an existing stage II vapor recovery system if AMS approves it an installation permit. You can find AMS Stage II vapor recovery enforcement policy memos under the Guidelines section in the link below.

https://www.phila.gov/documents/air-management-guidelines-and-regulations/