|  |
| --- |
| ***24580 Silver Cloud CourtMonterey, CA 93940PHONE: (831) 647-9411*** ***Serving Monterey, San Benito, and Santa Cruz Counties*** |

|  |
| --- |
| **Gasoline Storage/Dispensing Facility****Application for Authority to Construct and Permit to Operate*** A filing fee and all applicable permit fee(s) as determined using the Gasoline Dispensing Facility – Fee Sheet must accompany each application.
* Fees must be paid by check, money order or credit cards. Credit cards are only accepted through our website via <https://www.mbard.org/payments>.
* Each application must include all applicable equipment specifications and plans, site plans, and piping layout diagram and flow diagram. (Not required for change of ownership.)
 |
| **1. PERMIT TO BE ISSUED TO:** (Name of Gasoline Storage/Dispensing Facility, Business License Name of Corporation, Company, Individual Owner, or Governmental Agency that is to operate equipment.) |
| **2. DOING BUSINESS AS (DBA):**  |
| **3. APPLICANT INFORMATION** – **GASOLINE STORAGE/DISPENSING FACILITY** |
| Name/Title: | Email address: |
| Phone number: ( ) | Cell number: ( ) |
| Address: |
| City:  | State: | Zip Code: |
| **4. GASOLINE STORAGE/DISPENSING FACILITY BILLING CONTACT INFORMATION:** (If different from applicant, the business/organization/person who will be billed for possible additional fees and permit to operate.) |
| Business/organization/person Name: | Phone number: ( ) |
| Address: |
| City: | State: | Zip Code: |
| Email address: |
| **5. GASOLINE STORAGE/DISPENSING FACILITY SITE CONTACT INFORMATION:** (If different from the applicant, the person who oversees equipment and can help answer District questions regarding the application.) |
| Name/Title: | E-mail address: |
| Phone number: ( ) | Cell number: ( ) |
| **6. CONTRACTOR’S INFORMATION** |
| [ ]  Attach ICC Certification |
| Company Name:  |
| Name/ Title: | E-mail Address: |
| Phone number: ( ) | Cell number: ( ) |
| Address: |
| City | State  | Zip |

|  |
| --- |
| **7. APPLICATION TYPE:** [ ]  New Facility [ ]  Modification/Re-construction [ ]  Transfer of OwnershipDescription of modification: (Attach separate sheets if necessary) |
|  |
|  |
| **8. EQUIPMENT INFORMATION** |
| Equipment Location Address: |
| Nearest Cross Street: |
| Is the proposed equipment located within 1,000 feet of a school site? [ ]  YES [ ]  NO |
| Does the project include the wrecking, removal or replacement of any load bearing members? [ ]  YES [ ]  NO |
| Name and Address of Gasoline Supplier: |
| Type of Delivery Vehicle: |
| Do you require a land use permit or other agency permit (e.g. city or county) for the project described in this application that requires an environmental review for the California Environmental Quality Act?[ ]  YES [ ]  NO If **YES**, provide agency name and permit type: |
| **9. MAXIMUM REQUESTED THROUGHPUT (**This limit will be established on the permit & cannot be exceeded.) |
| EXISTING FACILITY | NEW FACILITY |
| [ ]  Use existing permit limit[ ]  Requesting throughput limit increase, new limit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gallons per month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gallons per calendar year | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gallons per month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gallons per calendar year |
| **10. ORGANIZATION TYPE:** [ ]  Corporation [ ]  Partnership [ ]  Lessee/Sole Proprietor [ ]  Gov’t Agency |
| **11. GENERAL NATURE OF BUSINESS:** [ ]  Retail [ ]  Garage [ ]  Bulk Plant [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **12. PARCEL NUMBER WHERE EQUIPMENT LOCATED (APN**): (The parcel number can be obtained from property tax documents or from the city/county where equipment located.) |
| Please provide one of the following: (Look-up location using an online mapping tool such as Google Earth.)UTM Coordinates: \_\_\_\_\_\_\_\_\_\_ Northing \_\_\_\_\_\_\_\_\_\_ EastingDecimal Degrees: \_\_\_\_\_\_\_\_\_\_ Latitude \_\_\_\_\_\_\_\_\_\_ Longitude |
| **13. REQUEST FOR APPLICATION PROCESSING** • I hereby request that the District begin processing this application.  • I agree to pay any and all fees required by District rules for processing this application and  for the issuance of any permit to operate or authority to construct.  • I agree that the obligation to compensate the District for time spent processing my application  exists even if I abandon this project and withdraw my application or should my application  subsequently be disapproved. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of responsible Official, Partner or Sole Proprietor of Business/Organization |
| Type or print the name and official title of the person signing the application:Name: Title: Date: |