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

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| **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 |

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| **7. APPLICATION TYPE:**  New Facility   Modification/Re-construction   Transfer of Ownership  Description of modification: (Attach separate sheets if necessary) | |
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| **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 \_\_\_\_\_\_\_\_\_\_ Easting  Decimal 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: | |