**PLEASE DO NOT SEND A COPY OF THE INSTRUCTIONS IN WITH YOUR APPLICATION**

If you have any questions while filling out this permit application form, you may contact the Bureau of Air Quality, Air Permitting Division by calling (803) 898-4123.

This application is for a facility requesting to construct and/or operate under the Registration Permit for Gasoline Dispensing Facilities. The applicant should complete all information requested on this form, attach supporting documentation and submit one complete application with original signatures (scanned, copied, electronic, etc. signatures will not be accepted) to the following address:

**Air Permitting Division Director**

**Bureau of Air Quality**

**2600 Bull Street**

**Columbia, South Carolina 29201**

The applicant should also keep a copy of the completed application in their records to reference when answering technical questions and providing additional information.

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| **FACILITY INFORMATION** |
| SC Air Permit Number (8-digits only)*(Leave blank if one has never been assigned)*     -      | Application Date      |
| Facility Name/Legal Identity *(This should be the official legal name under which the facility is owned/operated and should be consistent with the name registered with the S.C. Secretary of State's office, as applicable.)*      |
| Facility Site Name (Optional) *(Please provide any alternative or additional identifier of the facility, such as a specific plant identifier (e.g., Columbia plant) or any applicable "doing business as" (DBA) identity.*       |
| Facility Federal Tax Identification Number *(Established by the U.S. Internal Revenue Service to identify a business entity)*  -      |

| **FACILITY PHYSICAL ADDRESS** |
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| Physical Address:       | County:       |
| City:       | State: SC | Zip Code:       |
| Facility Coordinates *(Facility coordinates should be based at the front door or main entrance of the facility)*Latitude:       Longitude:       |

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| **FACILITY'S PRODUCTS / SERVICES** |
| Primary [SIC Code](https://www.osha.gov/pls/imis/sicsearch.html) *(Standard Industrial Classification Codes)*:       | Primary [NAICS Code](http://www.census.gov/eos/www/naics/reference_files_tools/2012/2012_NAICS_Structure.xls) *(North American Industry Classification System)*:       |

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| **AIR PERMIT FACILITY CONTACT***(Person at the facility who can answer technical questions about the facility and permit application.)* |
| Title/Position:       | Salutation:       | First Name:       | Last Name:       |
| Mailing Address:       |
| City:       | State:    | Zip Code:       |
| E-mail Address:       | Primary Phone No.: (   )    -     | Alternate Phone No.:(   )    -     |

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| **OWNER OR OPERATOR** |
| Title/Position:       | Salutation:       | First Name:       | Last Name:       |
| Mailing Address *(if different)*:       |
| City:       | State:    | Zip Code:       |
| E-mail Address:       | Phone No.: (   )    -     | Cell No.: (   )    -     |
| I certify that this facility meets the criteria established for the Registration Permit for Gasoline Dispensing Facilities and agrees to the conditions and terms of the Registration Permit for Gasoline Dispensing Facilities. I certify, to the best of my knowledge and belief, that no applicable standards and/or regulations will be contravened or violated. I certify that any application form, report, or compliance certification submitted in this permit application is true, accurate, and complete based on information and belief formed after reasonable inquiry. I understand that any statements and/or descriptions, which are found to be incorrect, may result in the immediate revocation of any permit issued for this application. |
|  |       |
| Signature of Owner or Operator | Date |

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| **Gasoline throughput** is defined as the total volume of gasoline that is loaded into, or dispensed from, all gasoline storage tanks at your location. In the table below, enter your throughput for each of the past 12 months. |
| **Month / Year** | **Gasoline throughput based on (select one):** [ ]  **Gasoline loaded into UST from supplier**[ ]  **Gasoline dispensed from pump by customer** |
| *Example: January, 2020* | *15,564 gallons* |
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| 12-month Total |  |

| **GENERATORS** *(Identify all that will exist at this facility. If the facility does not have any of these sources put N/A in the Table.)* |
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| **Make/Model** | **Rated Capacity, kW** | **Fuel Type** | **% Sulfur in Fuel** | **Manufacture Date/****Installation Date** |
|       |       |       |  |            |
|       |       |       |  |            |