



air pollution control district
SANTA BARBARA COUNTY

Gasoline Station Application Form -25

Santa Barbara County Air Pollution Control District
260 N. San Antonio Road, Suite A
Santa Barbara, CA 93110-1315

This form is required for all gasoline station permit applications. Use APCD Form -01T if the request is only for a change in owner/operator status. Use Form -25P instead of this Form -25 for all gasoline station Permit to Operate applications that currently have an ATC permit. Do not use this form for Bulk Fuel Plants, use APCD Form -25B and Form -01 instead. Card locks associated with Bulk Fuel Plants are permitted separately and should use this form. **Mail the completed form(s) and appropriate filing fees to the Air Pollution Control District (APCD) at the above address.** Additional information can be found at <http://www.ourair.org/gas-station>.

Purpose of Application (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> New Station | <input type="checkbox"/> Add New Dispenser(s)/Nozzle(s) |
| <input type="checkbox"/> Station Rebuild | <input type="checkbox"/> Add New Tank(s) |
| <input type="checkbox"/> Replace Existing Tank(s) | <input type="checkbox"/> Mobile Refueling Truck |
| <input type="checkbox"/> Increase Permitted Annual Gasoline Throughput | <input type="checkbox"/> Vapor Recovery System (e.g., change VRS used, piping replacements, Phase II EVR) |
| <input type="checkbox"/> Administrative Change | |
| <input type="checkbox"/> Other (describe): _____ | |

Facility Information (please fill in completely)

Facility Address/Location (e.g., Boone St, 612 W. / Santa Maria)			
Current APCD Permit # (if any)		Station Number	
Assessors Parcel No(s)			

Company/Contact Information (please fill in completely)

OWNER INFO	Use as Billing Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Legal Company Name					
Doing Business As					
Contact Name					
Position/Title					
Mailing Address					
City:		State		Zip	
Tel #		Cell #		E-mail	

OPERATOR INFO	Use as Billing Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Legal Company Name					
Doing Business As					
Contact Name					
Position/Title					
Mailing Address					
City:		State		Zip	
Tel #		Cell #		E-mail	

AUTHORIZED AGENT INFO	Use as Billing Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No (Use if application is not submitted by the owner/operator. Owner/operator info above is still required.)				
Company Name					
Contact Name					
Position/Title					
Mailing Address					
City:		State		Zip	
Tel #		Cell #		E-mail	

For APCD use only: FID #: _____ **App. #:** _____

Gasoline Station Application Form -25

Project Description (a detailed description of what you are applying for)

General Information (please fill in completely)

☐ Retail Station or ☐ Non-Retail.

☐ Yes ☐ No Is this an application for a bulk fuel plant? If yes, do not use this form. Bulk fuel plants require the submittal of APCD Form -01 (*Permit Application – General*) and APCD Form -25B (*Bulk Fuel Storage Facility Summary*). NSR provisions may also apply.

☐ Yes ☐ No Is the facility boundary line located within 1,000 feet of a school (k-12)? If yes, and if the application will result in an increase in emissions, provide school name(s) and a completed APCD Form -03 (*School Summary Form*) and APCD Form -25T (*Gas Station HRA*).

☐ Yes ☐ No Are there both aboveground and underground fuel storage tanks located at this station? If yes, a separate Form -25 must be completed for each group of tanks.

☐ Yes ☐ No Is this station co-located with a bulk fuel plant (i.e., a card lock)? If yes, provide the APCD permit number for the bulk plant. PTO #: _____

Equipment Information (please fill in completely)

Tanks

Tank Location: ☐ Underground ☐ Aboveground (check one type only)

Tank #	Fuel Type/Grade (e.g., Gasoline/87)	Tank Capacity (gallons)	Submerged Fill Pipe Used?	Phase I VRS Used?	New	Existing	Removed
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Yes ☐ No Do any of these tanks have multiple compartments? If yes, provide information for each compartment above as a separate line item and label using the following example: (1A, 1B).

Phase I VRS CARB Executive Order No: _____
(see CARB home page: <http://www.arb.ca.gov/vapor/eo.htm>)

For Aboveground Storage Tanks, supply the following information (one for each tank):

- Complete an Aboveground Storage Tank Supplemental Form -25A.
- Copy of tank manufacturer's technical brochure(s) for the tank/dispenser

Gasoline Station Application Form -25

Dispensers

(Indicate the specifications for all the fuel dispensers)

Manufacturer	Model #	Series #	Serial #	# of Dispensers	Blending Valve Used?	Gasoline Nozzles per Dispenser ¹	New	Existing	Removed
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nozzles

(specify for gasoline dispensing nozzles only)

_____ New Nozzles (list the number of new nozzles that will be added)

_____ Existing Nozzles (list the number of existing nozzles that will remain **after** permit is used)

_____ Removed Nozzles (list the number of existing nozzles that will be removed)

Phase II VRS CARB Executive Order No (include revision letter): _____
 (see CARB home page: <http://www.arb.ca.gov/vapor/eo.htm>)

Are you claiming the Non-retail Fleet Vehicle Phase II Exemption per Rule 316.I.7.a? ☐ Yes ☐ NoAre you claiming the E85 Phase II Exemption per Rule 316.I.7.b? ☐ Yes ☐ NoCheck the Appropriate Phase II Vapor Recovery System: ☐ Balance ☐ Assist ☐ Hirt ☐ Other _____Is Phase II Enhanced Vapor Recovery (including ISD) being installed or modified? ☐ Yes ☐ No. If Yes, a completed Gas Station Supplemental Form -25E must be submitted with this application.

Maximum Annual Gasoline Throughput: _____
 (this value will be placed on your permit as an operational limit)

Will a condensate trap be used? ☐ Yes ☐ No. If Yes, indicate location and size of the vessel. _____Are any of the tanks ethanol compatible? ☐ Yes ☐ No. If Yes, indicate which tanks. _____Have you been issued a Notice of Violation (NOV) for this equipment? ☐ Yes ☐ NoHave the requested modifications already taken place? ☐ Yes ☐ No. If yes, the application filing fee is double per Rule 210.If a new station, have you obtained your final City/County permit approval? ☐ Yes ☐ No. If yes, provide a copy of that final approval letter or permit.*Reserved for future use.*

¹ There shall be only one hose and nozzle for dispensing gasoline on each side of a multi-product dispenser (MPD). This does not apply to facilities installed prior to April 1, 2003 unless the facility replaces more than 50 percent of the dispensers or if there are facility modifications that meet ARB's definition of a "major modification" for a Phase II System (see [D-200 – Definitions for Vapor Recovery Procedures](#)).

Gasoline Station Application Form -25

Applicant/Preparer Certification Statement

The person who prepares the application also must sign the permit application. The preparer may be an employee of the owner/operator or an authorized agent (contractor/consultant) working on behalf of the owner/operator (an *Authorized Agent Form -01A* is required).

I certify that all information contained herein and information submitted with this application is true and correct.	
<div style="border-bottom: 1px solid black; margin-bottom: 5px; height: 20px;"></div> signature of application preparer	<div style="border-bottom: 1px solid black; margin-bottom: 5px; height: 20px;"></div> date
<div style="border-bottom: 1px solid black; margin-bottom: 5px; height: 20px;"></div> print name of application preparer	<div style="border-bottom: 1px solid black; margin-bottom: 5px; height: 20px;"></div> employer name

All applications are required to be signed by a responsible official of the company that owns or operates the permitted equipment (i.e., the owner/operator). Signatures by Authorized Agents will not be accepted.

I certify that all information contained herein and information submitted with this application is true and correct.	
<div style="border-bottom: 1px solid black; margin-bottom: 5px; height: 20px;"></div> signature of owner/operator responsible official	<div style="border-bottom: 1px solid black; margin-bottom: 5px; height: 20px;"></div> date
<div style="border-bottom: 1px solid black; margin-bottom: 5px; height: 20px;"></div> print name of owner/operator responsible official	<div style="border-bottom: 1px solid black; margin-bottom: 5px; height: 20px;"></div> employer name

Application Checklist (have you submitted all the required information? please check off the boxes)

- ☐ Application Filing Fee (Fee = \$649. The application filing fee is COLA adjusted every July 1st. Please ensure you are remitting the current fee.) As a convenience to applicants, the APCD will accept credit card payments. If you wish to use this payment option, please complete the APCD Credit Card Authorization Form -01C.
- ☐ Site Plan. Submit a **detailed and legible site plan** for new/rebuilt stations, tank additions/replacements, Phase II EVR, and VRS piping replacements. Site plan drawing (min. required size: 17" by 11"), with:
 - dimensions and true North direction indicated showing the overall site with cross streets, facility property boundary and the identification of adjacent property owners
 - location of all tanks, island/dispensers, tank pressure management system, vapor processor(s) and piping (product, vapor, vent and tank vapor manifolds)
 - identify any schools located within one thousand feet of the gasoline station and the location of the nearest business and residential receptors in all four directions (N/S/E/W).
- ☐ Construction Drawings. Submit a complete set of "approved for construction" architectural drawings (≈ 32" x 44") for new/rebuilt stations, tank additions/replacements, and Phase II EVR upgrades that require VRS piping replacement.
- ☐ Form -25E (*Phase II EVR Supplemental Form*) attached if this is for the installation or modification of Phase II EVR.
- ☐ Form -25A (*AST Supplemental Form*) attached if this is for the installation or modification of aboveground storage tank(s).
- ☐ Form -01T (*Transfer of Owner/Operator*) attached if this application also addresses a change in owner and/or operator status from what is listed on the current permit.
- ☐ Form -01A (*Authorized Agent Form*) attached if this application was prepared by and/or if correspondence is requested to be sent to an Agent Authorized (e.g., contractor or consultant). This form must accompany each application.
- ☐ Form -03 (*School Summary Form*) attached if the project's property boundary is within 1,000 feet of the outer boundary of a school (K-12) and the project results in an emissions increase.
- ☐ Form -25T (*Gas Station HRA Form*) attached if any of the following are true:
 - ☐ The station is new/ rebuilt.
 - ☐ A throughput increase is requested at an existing station.

PLEASE NOTE THAT FAILURE TO COMPLETELY PROVIDE ALL REQUIRED INFORMATION WILL RESULT IN YOUR APPLICATION BEING RETURNED OR DEEMED INCOMPLETE.

Gasoline Station Application Form -25

**TABLE VRS1: COMMON CARB PHASE I CERTIFIED
VAPOR RECOVERY SYSTEMS**

EXECUTIVE ORDER NO.	TITLE
VR-101	Phil-Tite Phase I Enhanced Vapor Recovery System for Gasoline Dispensing Facilities
VR-102	OPW Phase I Enhanced Vapor Recovery System
VR-103	EBW Phase I Enhanced Vapor Recovery System
VR-104	CNI Manufacturing Enhanced Phase I Vapor Recovery System
VR-105	Emco Wheaton Retail Enhanced Phase I Vapor Recovery System
VR-401	OPW Phase I Enhanced Vapor Recovery System for Aboveground Storage Tanks

**TABLE VRS2: COMMON CARB PHASE II CERTIFIED
VAPOR RECOVERY SYSTEMS**

EXECUTIVE ORDER No.	TITLE
VR-201	Healy Phase II Enhanced Vapor Recovery System w/out ISD
VR-202	Healy Phase II Enhanced Vapor Recovery System w/ ISD
VR-203	VST Phase II Enhanced Vapor Recovery System w/out ISD
VR-204	VST Phase II II Enhanced Vapor Recovery System w/ ISD
VR-207	EMCO Wheaton Retail Phase II II Enhanced Vapor Recovery System w/out ISD
VR-208	EMCO Wheaton Retail Phase II II Enhanced Vapor Recovery System w/out ISD

Notes:

1. The Executive Orders listed above are intended to reflect the most common vapor recovery systems currently in use. The list is not intended to exclude the use of other certified vapor recovery system.
2. Please see the following website for most recent edition and for all other CARB Executive Orders:
<http://www.arb.ca.gov/vapor/eo.htm>