



# Louisville Metro Air Pollution Control District

## Gas Station: Construction or Modification Application

Mail application to:  
701 W. Ormsby Ave., Ste 303  
Louisville, KY 40203  
OR  
FAX to: (502) 574-5306  
  
(502) 574-6000  
[www.louisvilleky.gov/apcd](http://www.louisvilleky.gov/apcd)

In accordance with District regulation 2.03, section 1, you may not install, modify, or operate a facility unless a permit has been issued by the District. Please complete all requested information in this application. Incomplete applications may result in denial of a permit to construct or operate the facility.

### Section 1: Station Information

Plant (Facility) name:	
Plant street address:	
City:	ZIP:
Station Phone Number:	

Please complete the appropriate section for operator information. If you are a company, only complete Section 2; if you are an individual, only complete Section 3.

### Section 2: Company Operator Information

Company Name:		
Company Address:		
City:	State:	ZIP + 4:
Company Representative:		Title:
Representative's e-mail:	Representative's telephone:	Cell Phone:

### Section 3: Individual Operator Information

Name:		
Address:		
City:	State:	ZIP + 4:
Operator's e-mail:	Operator's telephone:	Cell Phone:

### Section 4: Billing Contact (Check if same as operator)

Name:		
Address:		
City:	State:	ZIP + 4:
Billing e-mail:	Billing telephone:	

### Section 5: Contractor Information

Contractor Name:		
Contractor Address:		
City:	State:	ZIP + 4:
Contractor Representative:		Title:
Contractor's e-mail:	Contractor's telephone:	Cell Phone:

<b>Description of Work</b>	
Provide a brief description of the work being performed:	
Construction Start Date:	Expected Construction End Date:

<b>Stage I Controls</b>	
Stage I Vapor Balance Equipment Type: Coaxial _____ Dual Point _____ (New construction must have dual point.)	
Pressure Vacuum (P/V) Valve Manufacturer:	P/V Valve Model:

<b>Tanks</b>						
Product	Individual or Split Tank	Tank Capacity (gallons)	Fill Line Diameter (in)	Vapor Line Diameter (in)	Fiberglass or Steel	Drop out tank (Y or N) with Siphon Line

<b>Applicant Signature</b>	
BY: _____	
Typed or Printed Name of Applicant	Date
Authorized Signature	Title of Applicant