



VAPOR RECOVERY PROGRAM
CONSTRUCTION / OPERATING PERMIT APPLICATION

miamidade.gov

Instructions:

All information items must be completed in full. Submitting this application DOES NOT relieve you of any responsibility for complying with orders issued to you by the CODE ENFORCEMENT SECTION or stop or delay any normal enforcement procedures. Call the Air Section at (305) 372-6925, if there are any questions. Failure to include any potential source of gasoline vapor emissions could result in enforcement action.

This application must be accompanied by a processing fee which is determined by multiplying the number of gasoline /gasohol dispensing nozzles in the facility by \$3.50 per nozzle. Please submit a check for this amount made payable to Miami-Dade County.

Construction Permit

Operating Permit

Name of the Company:

Owner(s): Telephone:

Authorized Representative:

Title: Telephone:

Mailing Address:

Street

City

State

Zip

Facility Location:

Street

City

State

Zip

Property Owner:

Folio Number:

Nature of Business:

Number of Underground Tanks: Capacity of Tanks:

Number of Aboveground Tanks: Capacity of Tanks:

Dade County DERM UT Permit #:

Fuel Dispensed: Gasoline Gasohol Diesel Other

Average Monthly Throughput of Gasoline/Gasohol: gallons/month

(24 month average preferred, if available)



Status of Stage I Vapor Recovery System Installation:

Stage I installed Yes [] No []

If Stage I is installed, Type of Stage I Vapor Recovery System:

[] Coaxial [] Coaxial Poppeted [] Manifolded [] Two Point

Status of Stage II Vapor Recovery System Installation: (mark one)

- [] Stage II installed, tested and certified
[] Stage II installed, but not tested
[] Stage II not installed

If Stage II is installed, Type of Stage II Vapor Recovery System:

[] Balance [] Assist [] Healy [] Hirt [] Hasstech [] Red Jacket

CARB Executive Order Number: _____

Number of Nozzles (Gasoline/Gasohol): _____

Owner/authorized representative statement:

I, the undersigned, am the owner or authorized representative of _____, addressed in this Permit Application. I hereby certify that the statements made in this application are true, accurate and complete. Further, I agree to operate and maintain the facility so as to comply with all DERM and applicable state and federal laws.

Name in Print (Owner or Corporate Officer)

Title

Signature

Date

Notary Public



SPECIFICATION FORM

Vapor Recovery System

FACILITY NAME AND ADDRESS		FOR OFFICE USE ONLY	
_____		DERM PLAN REVIEW No. _____	
_____		APVR No. _____	
_____		UT No. _____	
CARB Executive Order Number: G - _____ - _____			
Type of Stage I System:		Two point _____	Coaxial _____
Type of Stage II System:		Balance _____	Assist _____
Gilbarco _____	Wayne VaporVac _____	Amoco V-1 System _____	Tokheim MaxVac _____
Healy 400 _____	Healy 600 _____	Others, Specify _____	_____
MANUFACTURE AND MODEL			
Dispensers _____		_____	
Nozzles _____		_____	
Coaxial Hose Assembly _____		_____	
Number of Nozzles _____		Max. Flow Rate per Nozzle _____ GPM	
Number of Gasoline Tanks _____		_____	
Above Ground _____	Under Ground _____	Total Gasoline Tank Capacity _____ Gallons	
Average Monthly Throughput: _____ Gallons			

The information provided above is true to the best of my knowledge, and corresponds to the referenced project site

 Signed and Sealed By Professional Engineer