KNOX COUNTY DEPARTMENT OF AIR QUALITY MANAGEMNET
140 DAMERON AVENUE
KNOXVILLE, TN 37917-6413

FOR KCDAQM USE ONLY:
PERMIT #_____

PERMIT APPLICATION FOR GASOLINE DISPENSING FACILITY (GDF)

1. FACILITY NAME | OWNER'S NAME

SITE ADDRESS (ST/RD) | MAILING ADDRESS (ST/RD/P.O. BOX)

CITY, STATE, ZIP CODE | CITY, STATE, ZIP CODE

TELEPHONE NUMBER | TELEPHONE NUMBER

2. NUMBER, GAS TYPE, CAPACITY,

TANK #	GAS TYPE	SIZE	TANK #	GAS TYPE	SIZE
1	_____	_____ GAL	4	_____	_____ GAL
2	_____	_____ GAL	5	_____	_____ GAL
3	_____	_____ GAL	6	_____	_____ GAL

3. MAXIMUM MONTHLY THROUGHPUT _____ GAL. LATEST ANNUAL THROUGHPUT _____ GAL.

4. TYPE OF PERMIT REQUESTED
CONSTRUCTION ( ) STARTING DATE _____ESTIMATED COMPLETION DATE _____

OPERATING ( ) DATE OPERATION STARTED _____

5. SUPPLIER OF GASOLINE

COMPANY NAME _____ CONTACT NAME _____

ADDRESS _____ ADDRESS _____

_____ _____

PHONE NUMBER _____ PHONE NUMBER _____

6. SIGNATURE OF APPLICANT		DATE
7. TYPE OR PRINT NAME	TITLE	PHONE NUMBER