



AUTO FACILITIES PERMIT APPLICATION

(Rev. 2/19/14)

Facility (Shop) Name: _____

Street Name: _____

City: _____ Zip: _____

Mailing Address (if different from street address):

Street Name: _____

City: _____ Zip: _____

Contact Person: _____ Phone: _____

Services performed (for example, "Auto engine and body repair shop" or "maintenance of fleet, 7 diesel trucks"):

Check One Below:

1. _____ I am applying for one of the following permits (check one)

_____ Zero-Discharge (A) Permit

_____ Car Washing (B) Permit

_____ Conditional Car Washing (C) Permit

_____ Steam Cleaning (D) Permit

2. _____ EXEMPT: I have read Page 2 of the instructions and have determined that I do not need a permit.

Print Your Name: _____

Title: _____

Signature: _____

Date: _____

Please indicate the number of "No Wastes to this Drain" signs needed. _____
(One for each sink or toilet or next to work area).