



Vermont Department of Environmental Conservation
Waste Management & Prevention Division
Salvage Yard Program
One National Life Drive, Davis 1
Montpelier, VT 05620-3704
Shawn Donovan (802) 522-5683
Marc Roy (802) 522-0275
<http://dec.vermont.gov/waste-management/salvage-yard>

**VERMONT SALVAGE YARD PERMIT
 APPLICATION FORM**

I. APPLICATION TYPE

Check One:	First-time/New Application: <input type="checkbox"/>	Renewal Application: <input type="checkbox"/>
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II. TYPE OF REGISTRATION

Check One:	Facility that crushes/shreds motor vehicles: <input type="checkbox"/>
	Facility which accepts or dismantles junk motor vehicles (no crushing or shredding): <input type="checkbox"/>
	Facility which manage junk excluding motor vehicles: <input type="checkbox"/>
	Facility that primarily handles total-loss vehicles from insurance companies: <input type="checkbox"/>

III. APPLICANT INFORMATION

*Note: The following individuals are required to be CO-APPLICANTS to this application (if different parties):

- Salvage yard owner
- Salvage yard operator
- Owner(s) of property on which the salvage yard is located

An individual listed as an applicant below that is a legal entity (i.e., corporation, LLC, LLP) must be registered with the Vermont Secretary of State and be in good standing with all legal requirements to conduct business under its business name in the State of Vermont.

PROPERTY OWNER INFORMATION

Each owner of the property on which the salvage yard is/will be located must complete this section and is required to be a signatory to this application. If additional space is needed to complete this section, please submit additional required co-applicant information to the Secretary as an attachment to this application form.

APPLICANT NAME:	
Business Name:	
Mailing Address:	Physical Address (if different):
Telephone:	Email Address:
CO-OWNER/CO-APPLICANT NAME:	
Business Name:	
Mailing Address:	Physical Address (if different):

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Telephone:	Email Address:
SALVAGE YARD OWNER INFORMATION	
CO-APPLICANT NAME:	
Business Name:	
Mailing Address:	Physical Address (if different):
Telephone:	Email Address:
SALVAGE YARD OPERATOR INFORMATION	
CO-APPLICANT NAME:	
Business Name:	
Mailing Address:	Physical Address (if different):
Telephone:	Email Address:
IV. LOCATION OF SALVAGE YARD / PROPERTY INFORMATION	
PROPERTY SPAN# (From Tax Bill):	
911 Street Address:	City/Town/Zip code:
V. CERTIFICATE OF APPROVED LOCATION	
Effective Date:	Expiration Date:

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ATTACHMENTS – NOTE: Applications shall be reviewed once the Secretary has determined that the application is administratively complete. Applications must include the following to be considered administratively complete:

1. A completed copy of this Application Form that has been signed by the applicant and all co-applicants.
2. Certificate of Approved Location: A copy of the Certificate of Approved Location issued by the city/town in which the proposed salvage yard is located, or a reference to a current Certificate of Approved Location already on file with the Secretary.
3. Location Map: either a USGS topographical map, or aerial photograph showing the site in relation to town or state roads.
4. Site Map, or reference to a site map already on file with the Secretary, that shows the following:
 - The location of all buildings on the salvage yard site, and the use of each of those buildings;
 - All existing or proposed fencing, gates, and entrances to the salvage yard;
 - The location and approximate dimensions (expressed in feet) of any area used or proposed to be used for vehicle or scrap metal storage, vehicle dismantling, vehicle crushing, vehicle fluid removal, and vehicle fluid storage;
 - The location and approximate dimensions (expressed in length by width by height) of any area used or proposed to be used for tire storage;
 - The approximate distance (expressed in feet) from the salvage yard property boundary of any town roads, highways, or interstate or primary highways;
 - The approximate location of all surface waters or wetlands within the salvage yard property boundary, as well as the approximate location and distance (expressed in feet) of any surface waters or wetlands located within 100 feet of the salvage yard property boundary; and
 - Any other information that the Secretary has indicated that it requires for review of this application.

Note: The ANR ATLAS tool is an efficient and effective way to include all of the above referenced features on a single site map of your salvage yard facility; the ANR ATLAS can be accessed by clicking the following link: <http://anrmaps.vermont.gov/websites/anra/>

5. Annual Fee:

- \$1250.00- Facilities that crush or shred motor vehicles
- \$750.00 - Facilities that accept or dismantle junk motor vehicles (no crushing or shredding)
- \$350.00 - Facilities that manage junk excluding motor vehicles
- \$300.00 - Facilities that primarily handle total-loss vehicles from insurance companies

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CERTIFICATION STATEMENT

Each applicant or a duly authorized representative of each applicant is required to sign this form and all reports requested or required by the Secretary. If additional space is needed to complete this section, submit additional required co-applicant information to the Secretary as an attachment to this application form. By his or her signature below, each applicant hereby certifies to the following:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of the person or persons who operate the salvage yard, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorization for signature by duly authorized representative shall be submitted to the Secretary pursuant to **§ 26-107(c)** of the Vermont Salvage Yard Rules. Authorization shall be submitted prior to or conjunction with the submission of any documents (including this application form) signed by the representative.

VI. SIGNATORIES

Applicant: Property Owner
(or duly authorized representative) _____
Signature

Print Name

Date

Co-Applicant:
(or duly authorized representative) _____
Signature

Print Name

Date