



SY ID #: \_\_\_\_\_

Attached documents:

\_\_\_\_\_ Copy of Coal (or reference to)

\_\_\_\_\_ Copy of Map

\_\_\_\_\_ Copy of Inventory

**Vermont Department of Environmental Conservation  
Waste Management & Prevention Division  
Salvage Yard Program  
One National Life Drive, Davis 1  
Montpelier, VT 05620-3704**

**Contact:**  
**Rebecca Webber**  
**Email:** [Rebecca.Webber@vermont.gov](mailto:Rebecca.Webber@vermont.gov)  
**Phone:** 802-522-3658

<https://dec.vermont.gov/waste-management/salvage-yards>

## VERMONT SALVAGE YARD PERMIT APPLICATION FORM

### I. APPLICATION TYPE

Check One:  **First-time/New** Application:  **Renewal** Application:  **Modification** Application

### II. TYPE OF PERMIT

Check One: Facility that crushes/shreds motor vehicles:

Facility which accepts or dismantles junk motor vehicles (no crushing or shredding):

Facility which manages junk excluding motor vehicles:

Facility that primarily handles total-loss vehicles from insurance companies:

### 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:

Business Mailing Address:

Business Physical Address (if different):

Telephone:

Email Address:

CO-OWNER/CO-APPLICANT NAME:

Business Name:

**VERMONT SALVAGE YARD PERMIT  
APPLICATION FORM**

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

**VERMONT SALVAGE YARD PERMIT  
APPLICATION FORM**

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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.

I certify that all adjoining property owners have been notified of the application.

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.

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**VI. SIGNATORIES**

Applicant: Property Owner  
(or duly authorized representative) \_\_\_\_\_  
Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

Co-Applicant:  
(or duly authorized representative) \_\_\_\_\_  
Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

Note: Please be aware that other VT Agency of Natural Resources (ANR) permits may be needed for your project, and it is your responsibility to secure any other required permits. To help assist in determining other VT ANR permits that might be needed, use VT ANR's Permit Navigator.

- <https://vermont.force.com/permitnavigator/s/>

Please be aware that your project may require other local, state, or federal permits outside of VT ANR's jurisdiction which are not covered by the VT ANR Permit Navigator Tool. Failure to secure all necessary permits in advance of construction can result in significant impacts to your project's final scope and can take additional processing time\*

**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 (COAL):** 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. **Site Map** (either USGS topographical or an aerial photograph showing site), or reference to a site map already on file with the Secretary, that clearly indicates the size of the salvage yards (expressed in acres) and the location of all property boundaries and is of a sufficient resolution to indicate 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 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 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

4. **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

**Pay online by going to:** [https://anonline.vermont.gov/?formtag=WMPD\\_Intake](https://anonline.vermont.gov/?formtag=WMPD_Intake)

- Choose “Continue as Guest”
- Select the Waste Management & Prevention Division Program that this submission is for:
  - o Salvage Yard
- Please select the type of submission you would like to make:
  - o Application/Document Submission
  - o Fee Payment Alone

Or Make Checks Payable to: **Treasurer, State of Vermont** and return to:  
Agency of Natural Resources, Dept. of Environmental Conservation  
WMPD/Salvage Yard Program  
One National Life Drive, Davis 1  
Montpelier, VT 05620-3704

5. **Vehicle Inventory:** A copy of the inventory or list of all vehicles managed or stored at the salvage yard during the duration of the existing permit term. Inventory will include:
  - The make, model, year, vehicle identification number (VIN) for all vehicles managed or stored on site.
  - The salvage yard’s annual vehicle throughput that includes the dates (where applicable) that each vehicle managed or stored on site was:
    - received by the salvage yard
    - drained of fluids
    - crushed and
    - transported to an end facility
  - Identification of the Facility that received the vehicles transported off-site.