



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

SY ID #: \_\_\_\_\_  
 Attached documents:  
 \_\_\_\_\_ Copy of Coal  
 \_\_\_\_\_ Copy of Map  
 \_\_\_\_\_ Copy of Inventory

**VERMONT SALVAGE YARD PERMIT  
 APPLICATION FORM**

**I. APPLICATION TYPE**

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

Business Mailing Address: Business Physical Address (if different):

Telephone: Email Address:

**VERMONT SALVAGE YARD PERMIT  
APPLICATION FORM**

<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

**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 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; and
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
6. 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. See section 26-403 of the Salvage Yard Rule for details.

**VERMONT SALVAGE YARD PERMIT  
APPLICATION FORM**

---

**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.

---

**VI. SIGNATORIES**

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date