

## STANDBY DIESEL ENGINE PERMIT APPLICATION FORM

*(Application must be typewritten, computer generated, or hand printed in ink. Complete all pages of the application.)*

**IMPORTANT:** To assure that your application is complete include all of the following when submitting this application:

- \$150 Filing Fee                     
  Complete all sections                     
  Signature on Application

Applications are evaluated on a cost recovery basis - the filing fee will be applied as a credit to the final amount due.

**1. FACILITY NAME:** \_\_\_\_\_

Facility **Street** Address \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Assessor Parcel Number (APN):

**2. OWNER:**

Contact Person: \_\_\_\_\_

Company Name: \_\_\_\_\_

**Mailing** Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**3. OTHER CONTACTS:** (If contact is not the same as owner please attach the APCD Permit Contacts form with the information)

Facility Operations:     Same as Owner

Inspections:                       Same as Owner

Billing:                       Same as Owner

Legal/Enforcement Actions:     Same as Owner

**4. NATURE OF BUSINESS OR AGENCY:** (Include SIC code if known.)

**5. ADDITIONAL QUESTIONS:**

a) Direction and straight line distance to nearest school: \_\_\_\_\_ feet    School Name: \_\_\_\_\_

b) Straight line distance to nearest residence: \_\_\_\_\_ feet

c) Straight line distance to nearest offsite workplace: \_\_\_\_\_ feet

d) Do you claim that any data submitted with this application is a trade secret?     Yes     No

e) Is this permit application a result of a district enforcement action?     Yes     No

f) If this equipment is not yet in use, project status:    Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

(CONTINUED ON NEXT PAGE)

*(District Use Only)*

| Date Received Stamp | APCD Application | Auth to Construct | Permit to Operate |
|---------------------|------------------|-------------------|-------------------|
|                     | Number:          | Issuance Date:    | Issuance Date:    |
|                     | Fee:             | Fee:              | Fee:              |
|                     | Check No.        | Check No.         | Check No.         |
|                     | Receipt No.      | Receipt No.       | Receipt No.       |
|                     | Ref. App. No.    | Extended          | Permit No.        |
| Comments:           |                  |                   | Previous No.      |



**STANDBY DIESEL ENGINE PERMIT APPLICATION FORM (continued):**

**6. STATIONARY ENGINE DATA Enclose a copy of the manufacturer's specification sheet if available**

No. of units included in this application: \_\_\_\_\_ (include the following information for each engine if not identical)

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Serial No: \_\_\_\_\_

Engine Size \_\_\_\_\_ bhp @ \_\_\_\_\_ rpm Year of Mfg. \_\_\_\_\_  4 cycle  2 cycle

Certified Particulate Matter Emission Level: \_\_\_\_\_ g/bhp-hr

EPA certification/engine family #, if knows: \_\_\_\_\_

Generator Mfg: \_\_\_\_\_ Model: \_\_\_\_\_ Rating: \_\_\_\_\_ kW

Add-On Control Equipment

oxidative catalyst  particulate trap  oxidative particulate trap  
catalyst/trap mfg: \_\_\_\_\_ model: \_\_\_\_\_ Air Resources Board Certification #: \_\_\_\_\_

Primary Use:

backup generator  backup generator for a qualified health facility  
 direct-drive fire pump  backup water pump  backup compressor  Other \_\_\_\_\_

Maintenance/Testing Operation

\_\_\_\_\_ hours/year Current non-resettable hour meter reading: \_\_\_\_\_ hours

Fuel Information:

yearly fuel usage \_\_\_\_\_ gallons  
 highway CARB diesel  tax-exempt CARB diesel (red)  exempt diesel  ultra low diesel  Other \_\_\_\_\_

Exhaust Stack:

maintenance operating load: \_\_\_\_\_ % of full load stack diameter \_\_\_\_\_ inches stack height above ground \_\_\_\_\_ feet  
discharge direction:  up  down  horizontal  other: \_\_\_\_\_

*Note: non-vertical stacks are generally prohibited*

I hereby certify that all information provided on this application, and its plans, attachments, and supplemental forms, is true and correct. I agree to pay any and all fees required by District rules for processing this application and for issuance of any Authority to Construct or Permit to Operate. If I abandon this project and withdraw my application, or should my application be disapproved, I agree that the obligation exists to compensate the District for time spent processing my application

8. SIGNATURE: \_\_\_\_\_ 11. DATE \_\_\_\_\_

9. PRINT NAME \_\_\_\_\_

10. ORGANIZATION: \_\_\_\_\_