



PERMIT APPLICATION FORM

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

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

- \$150 Filing Fee
 Completed Supplemental Forms
 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. Type of Application: (Existing Permit #: _____)

- | | |
|--|--|
| <input type="checkbox"/> Permit - New Equipment | <input type="checkbox"/> Modify Permit Condition |
| <input type="checkbox"/> Permit - Existing Equipment | <input type="checkbox"/> Modify Authority to Construct |
| <input type="checkbox"/> Modify Permit | <input type="checkbox"/> Emissions Reduction Credits |

2. Process Type: (A process specific supplemental permit form must be attached to complete this permit application.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Abrasive Blasting | <input type="checkbox"/> Fuel Combustion | <input type="checkbox"/> Organic Liquid Storage |
| <input type="checkbox"/> Concrete Processing | <input type="checkbox"/> Fuel Dispensing | <input type="checkbox"/> Surface Coating |
| <input type="checkbox"/> Degreasing Operations | <input type="checkbox"/> Internal Combustion Engine | <input type="checkbox"/> General (Describe in 7. below) |
| <input type="checkbox"/> Dry Cleaning | | |

3. Facility Name: _____

Facility **Street** Address _____

City, State ZIP: _____

Assessor Parcel Number (APN)
if known:

4. Owner:

Contact Person: _____

Company Name: _____

Mailing Address: _____

City, State ZIP: _____

Work: _____

FAX: _____

Cell: _____

Email: _____

5. Other Contacts: (If contact is not the same as owner please attach the APCD Permit Contacts form with the information)

- | | |
|---|---|
| Facility Operations: <input type="checkbox"/> same as owner | Inspections: <input type="checkbox"/> same as owner |
| Billing: <input type="checkbox"/> same as owner | Legal/Enforcement Actions: <input type="checkbox"/> same as owner |

6. Nature of Business or Agency: (Include SIC code if known.)

(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.

PERMIT APPLICATION FORM
(continued)

7. Description of Project and Process, or Explanation of Permit Modifications:

8. Project Status:

Start Date: _____ Completion Date: _____

9. 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 of 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. Is this project subject to California Environmental Quality Act (CEQA) review? Yes No
- g. If so, supply: Agency: _____ Contact: _____
- h. Is the project approved by a city/county/other planning agency? Yes No
- i. Are you subject to the California's Air Toxics Hot Spots Program? Yes No
- j. Are you subject to a federal Part 70 permit? If so, attach appropriate Title V forms. Yes No
- k. Are toxic air contaminants emitted? If so, include an emission estimate in terms of maximum and average pounds per hour and annual total. Also, include a screening or formal risk assessment. (The District will perform a screening assessment upon request.) Yes No

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.

10. SIGNATURE: _____ 11. DATE: _____

12. PRINT NAME: _____

13. ORGANIZATION: _____