



WINE OPERATIONS 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:

- \$195 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:

- | | |
|---|---|
| <input type="checkbox"/> Permit - Existing Equipment
<input type="checkbox"/> Permit - New Equipment
<input type="checkbox"/> Modify Permit | <input type="checkbox"/> Existing Permit # (if applicable:)
<input type="checkbox"/> Modify Authority to Construct
<input type="checkbox"/> Modify Permit Condition |
|---|---|

2. Facility Name: _____

Facility **Street** Address _____

City, State ZIP: _____

Assessor Parcel Number (APN)
if known:

3. Owner:

Contact Person: _____	Work: _____
Company Name: _____	FAX: _____
Mailing Address: _____	Cell: _____
City, State ZIP: _____	Email: _____

4. 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

5. Design Capacity Information (attach documentation showing vested capacity, i.e., land use permit, system design, etc.)

Maximum Fermentation Capacity _____ Gallons per year (maximum current facility design)
 Maximum Barrel Storage Capacity _____ Gallons (maximum barrel storage capacity at any time)

6. 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 the wine operation approved by a city/county/other planning agency? Yes No

(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.

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(continued)

7. Stationary Engines 50 Hp and Larger (If applicable)

(For multiple engines that are not identical, attach the following information for each engine.)

Manufacturer: _____ Model: _____ Serial No: _____

Engine Size _____ bhp @ _____ rpm Year of Mfg. _____ Year of installation _____

Number identical engines _____ EPA certification No., if known: _____

Generator Mfg: _____ Model: _____ Rating: _____ kW

Type of Use:

direct-drive fire pump backup generator Other (specify) _____

8. Hot Water Heater And Boiler Data For Units Rated At 500,000 Btus/Hr and Larger

(For multiple boilers that are not identical, attach the following information for each boiler)

Boiler Manufacturer: _____ Model: _____ Serial No: _____

Burner Manufacturer _____ Model: _____ Serial No: _____

Heat Input Rating (mmBtu/hr) _____ Fuel type _____ Year of Mfg. _____ Year of Installation _____

Number of Identical Boilers _____

9. Historical Storage and Fermentation Data

Year:	White Wine Fermentation (gallons)	Red Wine Fermentation (gallons)	Peak wine volume stored in Barrels at any time during the year (gallons)
2005			
2006			
2007			

10. Tank Data attached Yes (note form is required)

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.

11. SIGNATURE: _____ 12. DATE: _____

13. PRINT NAME: _____

14. ORGANIZATION: _____

WINE OPERATIONS PERMIT APPLICATION TANK DATA

Winery Fermentation and Storage Aging Tanks Application Form

TANK DATA: Provide the data below for each tank in the facility by inputting the data items noted below into the corresponding field in the table below and **provide a plot plan of the facility, indicating location of the tanks by Tank ID Number.**

Note: Plot and plan should include barrel storage area (ft²).

Data Item	Data Description	Directions
A	Tank I.D. No.	Input the Facility's I.D. # for this tank
B	Tank Capacity, gal.	Tank working capacity in gallons
C	Tank Diameter, ft	
D	Tank Height, ft	
E	Tank Roof Design	"open" or "closed"
F	Is Tank Insulated?	"Yes" or "No"
G	Tank Construction Materials	"steel", "concrete", "plastic", etc.
H	Tank Use	"red fermentation", "white fermentation", "storage only", or combinations of these as appropriate
I	Equipped with Pressure Relief Valve (PRV) or Breather Vent?	"Yes" or "No"
J	Other Data	Input any other relevant data

SUPPLEMENTAL WINERY SHEET #1

Winery Tank Data Table

A	B	C	D	E	F	G	H	I	J
Tank I.D.	Tank Capacity Gallons	Tank Dia. ft	Tank Height ft	Tank Roof Design	Insulated?	Tank Construction Materials	Tank Use	PRV?	Other Data

