



## 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:

- \$115 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: \_\_\_\_\_

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

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

FAX: \_\_\_\_\_

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

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

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

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:
	Receipt No.	Receipt No.	Receipt No.
	Check No.	Check No.	Check 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: \_\_\_\_\_