Feather River Air Quality Management District

Application for Authority to Construct / Permit to Operate

Cover Form – all applications



541 Washington Avenue Yuba City, CA 95991 (530) **634-7659** FAX (530) **634-7660** www.fraqmd.org

Christopher D. Brown AICP
Air Pollution Control Officer

Filing Fee \$175.06 (non-refundable and to be submitted with this application)

Additional fees will be assessed pursuant to District Rule 7.7 at an hourly rate to cover costs of assessment, processing, and evaluation of the application. Inspections of the site and Hearing Board costs are additional. These fees do not include State costs incurred pursuant to Section 44380 of the California Health and Safety Code. Fees are subject to change. If you store blank forms, please check with the District for updated information before filing.

DIRECTIONS: Please provide all information requested in this application. Fill in the information exactly as you would like it to appear on the permit (including punctuation, capitalization, and abbreviations). If applicable, please complete the associated supplemental form for each piece of equipment or process and attach it to this application. If there is no supplemental form, please describe your project and attach extra pages, as necessary. Incomplete applications will delay processing. Construction must not be started until the Authority to Construct has been issued. SECTION I **COMPANY / OWNERSHIP INFORMATION** FRAQMD PERMIT # (if existing): COMPANY NAME (as it will appear on the permit): TITLE: COMPANY CONTACT: PHONE: FAX: E-MAIL: SECTION II **FACILITY INFORMATION** FACILITY NAME (if different than Company Name): FACILITY LOCATION / ADDRESS: CITY: STATE: ZIP CODE: ON-SITE CONTACT: TITLE: PHONE: FAX: **SECTION III** PERMIT TO OPERATE MAILING / BILLING INFORMATION NOTE: THIS IS WHERE ALL ANNUAL RENEWAL INVOICES AND PERMIT RENEWALS WILL BE MAILED TO MAILING NAME: MAILING ADDRESS: STATE: ZIP CODE: CITY: MAILING CONTACT: TITLE: PHONE: FAX: E-MAIL: **SECTION IV CONTRACTOR INFORMATION (for Authority to Construct Permits)** COMPANY NAME: MAILING ADDRESS: STATE: ZIP CODE: CITY: MAILING CONTACT: TITLE: PHONE: FAX: E-MAIL: No IS THE CONTRACTOR ACCEPTING BILLING FOR THE AUTHORITY TO CONSTRUCT INVOICES? Yes FOR FRAQMD USE ONLY

RECEIVED BY:

DATE:

RECEIPT #:

A/C#:

FACILITY ID:

<u>Application for Authority to Construct / Permit to Operate – Cover Form</u>

SECTION V	CONSTR	UCTION SCHE	DULE & SCOPE OF W	ORK	T
ESTIMATED	START DAT	ΓE:	ESTIMAT	ED COMPLETION DATE:	
			OR		
IF THE EQU	IPMENT HAS	S ALREADY BE	EN INSTALLED, ENTE	R THE DATE INSTALLED:	
PERMIT. ATTAC	H FEATHER R	IVER AQMD SUPPI		MENT TO BE CONSTRUCTED, MOI SUPPORTING DOCUMENTATION IF NEEDED.	
SECTION VI	CONFIDE	NTIAL INFORM	ATION		
Government Co be separated from paragraph that	de section 6254 om all non-privil contains trade s ecret informatio	 .7 unless specifically eged documents. E secret information a 	marked as a trade secret by ach document, which is clai nd must have attached a d is subject to disclosure rega	e is considered public information at the applicant. Each document contained to contain trade secrets, must eclaration stating with specificity the rolless of any claim of trade secret.	aining trade secrets must indicate each section or e reason this document
SECTION VII NEAREST SCHOOL					
If the emission source is within 1,000 feet of a school site and the application will result in an increase in hazardous air emissions, a public notice will be required at the expense of the applicant. (CH&S 42301.6) "School" means any public or private school used for purposes of the education of more than 12 children in kindergarten or any of grades 1					
to 12, inclusive, but does not include any private school in which education is primarily conducted in private homes. (CH&S 42301.9(a)) Pursuant to 42301.6(f) of the California Health and Safety Code, I hereby certify that the emission source(s) in this permit application:					
	appropriate box	k) Is	s within 1,000 feet of the ou		этпік арріісакоп.
NEAREST SC	HOOL NAME:				
SECTION VIII	APPLICAI	NT CERTIFICAT	ION STATEMENT		
FRAQMD, it injuries (inclination incidental arconsultants of pertain to, of thereof. To proceeding, work done, the information incidental arconsultants of the information incidental incid	s officers, er uding injury to not conseque or expert with r relate to, do the extent that Applicant will ne time spent enalty of perjury contained in thi	nployees, and a to or death), exporting damages, nesses incurred in irectly or indirectly or indirec	gents, from and again benses and liabilities of court costs, attorneys in the connection there tly, in whole or in particular to use any of it QMD upon demand an and the hourly rate for see State of California, based of seed of the forms and attactions.	table to FRAQMD), indemnify st any and all claims, losse of every kind, nature and dear fees, litigation expenses a with and costs of investigation, this permit and/or the apples resources to respond to sure dupon presentation of an invention work by the employee or an information and belief formed after the homents, is true, accurate, and compection I, II, III, IV.RESPONSIBLE.	escription (including and fees of expert on) that arise out of, lication or issuance uch claim, action, or voice describing the agent of FRAQMD. Treasonable inquiry, that plete, and that I am the
AUTHORIZED		NA FURE:			TF.
NAME (PRINTED): <u> </u>		TITLE:	DA1	E