

FEATHER RIVER AIR QUALITY MANAGEMENT DISTRICT

Serving the Counties of Yuba and Sutter
1007 Live Oak Blvd Suite B-3, Yuba City, CA 95991
(530) 634-7659 * FAX 634-7660 * Burn Information 741-6299
Email: fraqmd@fraqmd.org Web Site: http://www.fraqmd.org

David A. Valler, Jr.
Air Pollution Control Officer

Application for Authority to Construct / Permit to Operate

Check One: _____ New Application _____ Modified Application _____ Not Previously Permitted

Please provide all information requested in this application. Fill in the information exactly as you would like it to appear (including punctuation, capitalization, and abbreviations) on the permit. Please use the nine-digit (9) zip codes, if known. **Incomplete applications will delay processing.** Attach extra pages as necessary. Construction must not be started until the Authority to Construct has been issued. **MATERIAL SAFETY DATA SHEETS MUST BE SUBMITTED WITH THIS APPLICATION FOR ALL SUBSTANCES USED, STORED, OR PRODUCED** This application will not be accepted without all data needed for District evaluation. Illegible applications will not be accepted.

Filing Fee \$121.00 (non-refundable and to be submitted with this application)

***Additional fees will be assessed pursuant to District Rule 7.7 (a copy of Rule 7.7 is available on request) 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.**

FACILITY BUSINESS NAME AS IT WILL APPEAR ON PERMIT _____

LOCATION OF FACILITY _____

MAILING ADDRESS _____ CITY _____ CALIFORNIA. ZIP _____ / _____

CONTACT PERSON _____ TITLE _____

PHONE() _____ FAX # _____ STANDARD INDUSTRIAL CLASSIFICATION CODE "SIC" # _____

PLEASE COMPLETE #1 THROUGH #3 IF DIFFERENT THAN THE ABOVE INFORMATION:

1. OWNER OR COMPANY NAME _____

OWNER OR COMPANY MAILING ADDRESS _____

CONTACT PERSON _____ TITLE _____ PHONE() _____ FAX # _____

2. PERMIT BILLING ADDRESS _____

CONTACT PERSON _____ TITLE _____ PHONE() _____ FAX # _____

3. CONTRACTOR _____

CONTRACTOR MAILING ADDRESS _____

CONTACT PERSON _____ TITLE _____ PHONE() _____ FAX # _____

NEAREST SCHOOL AND DISTANCE (IN FEET) NAME: _____ / _____ FEET

CONSTRUCTION SCHEDULE: START _____ COMPLETE _____ EXISTING - DATE INSTALLED _____

DESCRIBE THE SCOPE OF THE WORK TO BE PERFORMED AND LIST EQUIPMENT TO BE CONSTRUCTED, MODIFIED, OR PUT UNDER PERMIT. ATTACH FEATHER RIVER AQMD "SUPPLEMENTAL APPLICATION INFORMATION" FORM (S) AND SUPPORTING DOCUMENTATION AS NECESSARY. THE DISTRICT RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION IF NEEDED.

I certify under penalty of perjury under the laws of the State of California, based on information and belief formed after reasonable inquiry, that the information contained in this application, composed of the forms and attachments, is true, accurate, and complete, and that I am the responsible official.

RESPONSIBLE OFFICIAL SIGNATURE: _____

NAME (PRINTED): _____ TITLE: _____ DATE: _____

FOR FRAQMD USE ONLY

RECEIPT # _____ DATE _____ RECEIVED BY _____ FACILITY ID _____ A/C # _____

APPLICATION / AC&PO Application.doc, rev. 7/1/09