Air Quality Permit Checklist

California Government Code Section 65850.2 prohibits cities from issuing an occupancy permit to a business without clearance from the local air quality agency. This Checklist will determine if you need to obtain clearance from the Feather River Air Quality Management District (FRAQMD).

Company Name: ______________________________
Property Address: ____________________________________________
City: __________________________ Zip Code: ________________
Contact Person: __________________________ Title: __________________________
Type of Business: __________________________ Telephone: __________________________
Fax Number: __________________________ e-mail address: __________________________

Will the facility have any of the following equipment?   Yes ☐ No ☐
  • Dry cleaning equipment
  • Printing press – screen/lithographic/flexographic
  • Internal combustion engines (excluding motor vehicles)
  • Combustion equipment (greater than 1 million Btu/hr. combined maximum input) – boilers/heaters/ovens
  • Abrasive blasting operations
  • Emissions control equipment – Baghouse/cartridge dust filter/scrubber/cyclone
  • Fuel storage (250 gallons or larger) and/or fuel dispensing equipment [excludes diesel fuel]
  • Wood or aggregate processing equipment – crushing/screening/chipping/sawing

Will any of the following operations be performed?   Yes ☐ No ☐
  • Application of paints, resins, surface coatings, solvents, adhesives, or other organic compounds
  • Etching, plating, casting, or melting of metals
  • Molding, extruding, or curing of plastics
  • Production of fumes, dust, smoke, or strong odors
  • Agricultural commodity fumigation or processing – drying/hulling/shelling/loading/conveying

If you answered “No” to both questions, this checklist is your clearance from FRAQMD. If you answered “Yes” to either question, you must contact FRAQMD to determine if air quality permits are required. If permits are needed, FRAQMD will assist you in submitting permit application(s) and then provide you with a clearance letter. You can call FRAQMD at (530) 634-7659.

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 OR AUTHORIZED AGENT SIGNATURE:____________________________________
NAME (PRINTED): _______________________________ TITLE: _______________________________ DATE: ________________________________

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