

**Feather River Air Quality Management District**

**Application for Authority to Construct /  
Permit to Operate**

Cover Form – all applications



*Serving Sutter and Yuba Counties*

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 \$138.00 (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):

COMPANY CONTACT:

TITLE:

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:

E-MAIL:

**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:

CITY:

STATE:

ZIP CODE:

MAILING CONTACT:

TITLE:

PHONE:

FAX:

E-MAIL:

**SECTION IV CONTRACTOR INFORMATION (for Authority to Construct Permits)**

COMPANY NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

MAILING CONTACT:

TITLE:

PHONE:

FAX:

E-MAIL:

IS THE CONTRACTOR ACCEPTING BILLING FOR THE AUTHORITY TO CONSTRUCT INVOICES?

Yes

**FOR FRAQMD USE ONLY**

RECEIPT #: \_\_\_\_\_ DATE: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ FACILITY ID: \_\_\_\_\_ A/C#: \_\_\_\_\_

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	<input type="checkbox"/> No
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**SECTION V CONSTRUCTION SCHEDULE & SCOPE OF WORK**

ESTIMATED START DATE:		ESTIMATED COMPLETION DATE:	
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OR

IF THE EQUIPMENT HAS ALREADY BEEN INSTALLED, ENTER THE DATE INSTALLED:	
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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 FORM(S) AND SUPPORTING DOCUMENTATION AS NECESSARY. THE DISTRICT RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION IF NEEDED.

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**SECTION VI CONFIDENTIAL INFORMATION**

All information submitted to obtain an Authority to Construct/Permit to Operate is considered public information as defined by California Government Code section 6254.7 unless specifically marked as a trade secret by the applicant. Each document containing trade secrets must be separated from all non-privileged documents. Each document, which is claimed to contain trade secrets, must indicate each section or paragraph that contains trade secret information and must have attached a declaration stating with specificity the reason this document contains trade secret information. All emission data is subject to disclosure regardless of any claim of trade secret.

Acknowledgement  (Please Initial)      Are Trade Secret documents included with this application?    Y       N

**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:

(Initial appropriate box)	<input type="checkbox"/>	<b>Is within 1,000 feet of the outer boundary of a school.</b>
	<input type="checkbox"/>	<b>Is not within 1,000 feet of the outer boundary of a school.</b>

NEAREST SCHOOL AND DISTANCE (IN FEET) NAME: \_\_\_\_\_ / \_\_\_\_\_ FEET

**SECTION VIII APPLICANT CERTIFICATION STATEMENT**

Applicant agrees to defend (with legal counsel reasonably acceptable to FRAQMD), indemnify and hold harmless FRAQMD, its officers, employees, and agents, from and against any and all claims, losses, costs, damages, injuries (including injury to or death), expenses and liabilities of every kind, nature and description (including incidental and consequential damages, court costs, attorneys' fees, litigation expenses and fees of expert consultants or expert witnesses incurred in the connection therewith and costs of investigation) that arise out of, pertain to, or relate to, directly or indirectly, in whole or in part, this permit and/or the application or issuance thereof. To the extent that FRAQMD is required to use any of its resources to respond to such claim, action, or proceeding, Applicant will reimburse FRAQMD upon demand and upon presentation of an invoice describing the work done, the time spent on such work, and the hourly rate for such work by the employee or agent of FRAQMD.

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: \_\_\_\_\_