

Butte County AIR QUALITY MANAGEMENT DISTRICT

629 ENTLER AVENUE, SUITE 15 CHICO, CALIFORNIA 95928
TELEPHONE: (530) 332-9400 FAX: (530) 332-9417

PERMIT APPLICATION

1. APPLICATION TYPE AND FILING FEE: (See attached Instruction Sheet for more details.)

- Authority to Construct (ATC) Permit \$75
 Permit to Operate \$75
 Request for Exemption \$75
 Transfer of Ownership \$60 (List Permit to Operate No.: _____)
 Permit Modification \$75 (List Permit to Operate No.: _____)
 Expedited ATC \$75 (Only applies to short-term projects)

Please Note: A valid ATC Permit or other form of written authorization from the Air Pollution Control Officer (APCO) must be received **prior** to accepting delivery of process equipment or air pollution control equipment at the proposed site of installation. After an ATC Permit is granted for any equipment, deviations from the approved plans are not permissible without first securing additional approval for the changes from the APCO. Additional Authority to Construct and/or Permit to Operate fees will be assessed at the time of permit issuance. **All fees are non-refundable.**

2. CONTACT INFORMATION (Please type or print)

RESPONSIBLE COMPANY (OWNER/OPERATOR)	Company/Operator Name:	Contact Person & Title:	
	Mailing Address:	Phone : () ____ - ____	Facsimile: () ____ - ____
	City, State, Zip:	E-Mail Address:	
	Employer Identification Number: ____ - ____	Standard Industrial Classification Code (If Known):	
	Type of Business:		
	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Government <input type="checkbox"/> Corporation <input type="checkbox"/> Wholly-owned Subsidiary <input type="checkbox"/> Other: _____		
FACILITY LOCATION	Name of Facility:	Contact Person & Title:	
	Street Address:	E- Mail Address:	
	City, State, Zip:	Phone : () ____ - ____	Facsimile: () ____ - ____
CONTRACTOR INFORMATION	Name of Contractor (If applicable):	Contact Person & Title:	
	Street Address:	E-Mail Address:	
	City, State, Zip:	Phone : () ____ - ____	Facsimile: () ____ - ____

Send Invoice to:

- Responsible Company (Owner/Operator)
 Facility Location
 Contractor
 Other (Specify) _____

Send copies of permit and correspondence to:

- Responsible Company (Owner/Operator)
 Facility Location
 Contractor
 Other (Specify) _____

BCAQMD USE ONLY	RECEIPT NUMBER:	DATE RECEIVED:
AMOUNT RECEIVED:	APPLICATION NO:	

3. PROJECT INFORMATION:

Project Name: _____

Project Type: _____

Description of Equipment to be Installed or Activity to be Performed:

_____4. Supplemental Information Attached? No Yes Refer to Permit file**(Please check applicable supplemental forms submitted)** You may also access all of the supplemental forms at <http://www.bcaqmd.org/page/stationary-sources.php>:

Form #	Name	Form #	Name
<input type="checkbox"/> 201	General Supplemental Information	<input type="checkbox"/> 225	Dehydrators
<input type="checkbox"/> 202	List of Criteria	<input type="checkbox"/> 226	Dry Cleaning Equipment
<input type="checkbox"/> 206	Public Notification	<input type="checkbox"/> 227	Gasoline Storage, Phase I & II Vapor Recovery
<input type="checkbox"/> 213	Abrasive Blasting (Confined)	<input type="checkbox"/> 230	Grain Processing
<input type="checkbox"/> 215	Aggregate Processing Plant	<input type="checkbox"/> 232	Crematory
<input type="checkbox"/> 216	Furnace	<input type="checkbox"/> 233	Incinerator
<input type="checkbox"/> 217	Asphalt Concrete Production	<input type="checkbox"/> 234	Internal Combustion Engines
<input type="checkbox"/> 218	Baghouse	<input type="checkbox"/> 236	Nut Processing
<input type="checkbox"/> 219	Boilers and Liquid Heaters	<input type="checkbox"/> 237	Ovens
<input type="checkbox"/> 220	Carbon Adsorption Unit	<input type="checkbox"/> 239	Soil Vapor Extraction
<input type="checkbox"/> 221	Spray Coating Operations	<input type="checkbox"/> 240	Soil Aeration
<input type="checkbox"/> 223	Cyclones	<input type="checkbox"/>	Other (Specify): _____

5. Has work on this project begun or has the project been completed? No Yes *****Please Initial: _____**6. Is the project located within 1,000 feet of the outer boundary of a school or school site? No Yes
*(If "Yes", please contact the District for additional guidance.)*7. Are all major stationary sources (emissions more than 25 tons per year) owned or operated by applicant in California in compliance with all air pollution rules and regulations? (Note: Not applicable to most businesses)
 No Yes N/A
If not in compliance above, is (are) the source(s) on a "schedule for compliance" with all applicable emission limitations and standards? No Yes

8. ***By signing, I hereby authorize the Butte County Air Quality Management District (District) to begin processing this application. I agree to pay any and all fees required by District Rules for receiving, processing and evaluating this application and for the issuance of any Permit to Operate or Authority to Construct, including District costs incurred if the project is terminated or abandoned, or the permit is denied. I agree to provide written notification within 24 hours of construction completion and/or commencement of the permitted activity. By signing, I further agree to indemnify, defend and hold the District harmless and free and clear from and against any liability, debt, obligation, claim, judgment, action, cause of action or cost or expense, of any amount and nature whatsoever, incurred by or imposed upon District as a result of, related to or in any way in connection with the District's issuance of this permit or with any activity of the District related to this permit, all pursuant to District Rule 500, section 5.***

Name of Contractor (Print): _____ Title: _____

Signature: _____ Date: _____

And/or,

Name of Responsible Official (Print): _____ Title: _____

Signature: _____ Date: _____