



STANDBY DIESEL ENGINE PERMIT APPLICATION FORM

IMPORTANT: Application must be typewritten, computer generated, or neatly hand printed in black or blue ink. Complete all pages of application. Applications are evaluated on a cost recovery basis - the filing fee will be applied as a credit to the final amount due. To assure that your application is complete include all of the following with submittal:

- ✓\$220 Filing Fee
- ✓Completed Supplemental Forms
- ✓Signature on Application

1. FACILITY NAME: _____

Facility **Street** Address _____

City, State ZIP: _____

Assessor Parcel Number (APN):

2. OWNER:

Contact Person: _____ Work Phone: _____

Company Name: _____ Fax: _____

Mailing Address: _____ Cell Phone: _____

City, State ZIP: _____ Email: _____

3. OTHER CONTACTS: (If contact is not the same as owner please attach the APCD Permit Contacts form with the information)

Facility Operations: Same as Owner Inspections: Same as Owner

Billing: Same as Owner Legal/Enforcement Actions: Same as Owner

4. NATURE OF BUSINESS OR AGENCY: (Include SIC code if known.)

5. ADDITIONAL QUESTIONS:

a) Direction and straight line distance to nearest school: _____ feet School Name: _____

b) Straight line distance to nearest residence: _____ feet

c) Straight line distance to nearest offsite workplace: _____ feet

d) Do you claim that any data submitted with this application is a trade secret? Yes No

e) Is this permit application a result of a district enforcement action? Yes No

f) If this equipment is not yet in use, project status: Start Date: _____ Completion Date: _____

(CONTINUED ON NEXT PAGE)

(District Use Only)

Date Received Stamp	APCD Application	Auth to Construct	Permit to Operate
	Number:	Issuance Date:	Issuance Date:
	Fee:	Fee:	Fee:
	Check No.	Check No.	Check No.
	Receipt No.	Receipt No.	Receipt No.
	Ref. App. No.	Extended	Permit No.
Comments:			Previous No.



STANDBY DIESEL ENGINE PERMIT APPLICATION FORM (continued):

6. STATIONARY ENGINE DATA **Enclose a copy of the manufacturer's specification sheet if available**

No. of units included in this application: _____(include the following information for each engine if not identical)

Manufacturer: _____ Model: _____ Serial No: _____

Engine Size _____ bhp @ _____ rpm Year of Mfg. _____ 4 cycle 2 cycle

Certified Particulate Matter Emission Level: _____ g/bhp-hr

EPA certification/engine family #, if knows: _____

Generator Mfg: _____ Model: _____ Rating: _____ kW

Add-On Control Equipment

oxidative catalyst particulate trap oxidative particulate trap
catalyst/trap mfg: _____ model: _____ Air Resources Board Certification #: _____

Primary Use:

backup generator backup generator for a qualified health facility
 direct-drive fire pump backup water pump backup compressor Other _____

Maintenance/Testing Operation

_____ hours/year Current non-resettable hour meter reading: _____ hours

Fuel Information:

yearly fuel usage _____ gallons
 highway CARB diesel tax-exempt CARB diesel (red) exempt diesel ultra low diesel Other _____

Exhaust Stack:

maintenance operating load: _____ % of full load stack diameter _____ inches stack height above ground _____ feet
discharge direction: up down horizontal other: _____

Note: non-vertical stacks are generally prohibited

I hereby certify that all information provided on this application, and its plans, attachments, and supplemental forms, is true and correct. I agree to pay any and all fees required by District rules for processing this application and for issuance of any Authority to Construct or Permit to Operate. If I abandon this project and withdraw my application, or should my application be disapproved, I agree that the obligation exists to compensate the District for time spent processing my application

8. SIGNATURE: _____ 11. DATE _____

9. PRINT NAME _____

10. ORGANIZATION: _____