



## AUTHORITY to CONSTRUCT/PERMIT APPLICATION FORM

*(Application must be typewritten, computer generated, or hand printed in ink. Complete all pages of application.)*

**\$360 filing fee**     
  **Process form(s) must be attached**     
  **Signature on Application**

Applications are evaluated on a cost recovery basis - the filling fee will be applied as a credit to the final amount  
To pay by credit card, please contact us at (805) 781-5912.

1. Reason for Application:(Existing Permit #: \_\_\_\_\_ )

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Build/Install New Equipment   | <input type="checkbox"/> Permit to Operate Existing Unit | <input type="checkbox"/> Emission Reduction Credits |
| <input type="checkbox"/> Modify Authority to Construct | <input type="checkbox"/> Modify Permit or Conditions     | <input type="checkbox"/> Permit Exemption           |
| <input type="checkbox"/> Relocation of Equipment       |  |   |

2. Process Type: **(Complete and attach the appropriate process form for each device included in this application)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Abrasive Blasting     | <input type="checkbox"/> Fuel Combustion & Engines | <input type="checkbox"/> Organic Liquid Storage         |
| <input type="checkbox"/> Mineral Processing    | <input type="checkbox"/> Gasoline Dispensing       | <input type="checkbox"/> Surface Coating                |
| <input type="checkbox"/> Degreasing Operations | <input type="checkbox"/> Winery                    | <input type="checkbox"/> General (Describe in 7. below) |
| <input type="checkbox"/> Dry Cleaning          |  |   |

3. Facility Name: \_\_\_\_\_

Facility **Street** Address \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Assessor Parcel Number (APN)  
if known:

4. Owner/Operator:

Contact Person: \_\_\_\_\_

Company Name: \_\_\_\_\_

**Mailing** Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Work: \_\_\_\_\_

FAX: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

5. Other Contacts **(If contact is not the same as owner, please attach the APCD Permit Contact form with the information):**

Facility Operations:

same as owner

Inspections:

same as owner

Billing:

same as owner

Emissions Inventory:

same as owner

(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.

**SLO APCD PERMIT APPLICATION FORM (continued):**

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6. Nature of Business or Agency: (Include SIC code if known.)

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7. Description of Project and Process, or Explanation of Permit Modifications (Attach additional pages if needed):

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8. Project Status:

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

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9. Additional Questions:

a. Direction and straight line distance to nearest K-12 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. Is this project subject to California Environmental Quality Act (CEQA) review?  Yes  No

g. If so, supply: Agency: \_\_\_\_\_ Contact: \_\_\_\_\_

h. Is the project approved by a city/county/other planning agency?  Yes  No

i. Are you subject to the California's Air Toxics Hot Spots Program?  Yes  No

j. Are you subject to a federal Part 70 permit? If so, attach appropriate Title V forms.  Yes  No

k. Are toxic air contaminants emitted? If so, include an emission estimate in terms of maximum and average pounds per hour and annual total. Also, include a screening or formal risk assessment. (The District will perform a screening assessment upon request.)  Yes  No

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I hereby certify that all information provided on this application, and its plans, attachments, and process 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.

10. SIGNATURE: \_\_\_\_\_ 12. DATE: \_\_\_\_\_

11. PRINT NAME: \_\_\_\_\_

12. ORGANIZATION: \_\_\_\_\_