



# 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 #: \_\_\_\_\_):

- Build/Install New Equipment     Permit to Operate Existing Unit     Emission Reduction Credits
- Modify Authority to Construct     Modify Permit or Conditions     Permit Exemption
- Relocation of Equipment

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

- Abrasive Blasting     Fuel Combustion & Engines     Organic Liquid Storage
- Mineral Processing     Gasoline Dispensing     Surface Coating
- Degreasing Operations     Winery     General (Describe in 7. below)
- 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: \_\_\_\_\_ 13. DATE: \_\_\_\_\_

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

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