



AUTHORITY to CONSTRUCT/PERMIT APPLICATION FORM

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

\$396.20 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):

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

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

8. Project Status:

Start Date: _____ Completion Date: _____

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

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: _____