

DISTRICT HEADQUARTERS

200 Litton Drive, Suite 320
 P.O. Box 2509
 Grass Valley, CA 95945
 (530) 274-9360 / FAX: (530) 274-7546
 office@myairdistrict.com or www.myairdistrict.com

TRUCKEE FIELD OFFICE

13450 Donner Pass Rd., Ste. B, Truckee, CA 96161
 P.O. Box 9766, Truckee, CA 96162
 (530) 550-7872 / FAX: (530) 587-2623
 email: ryan@myairdistrict.com

QUINCY FIELD OFFICE

270 County Hospital Rd., Suite 127
 P.O. Box 3981, Quincy, CA 95971
 (530) 283-4654 / FAX: (530) 283-0699
 email: george@myairdistrict.com

PERMIT APPLICATION FORM

(Application must be typewritten or printed in ink. Complete both sides of application.)

IMPORTANT: When submitting this application, please ensure that your application is complete and includes: **Appropriate Fee, Completed Supplemental Forms, Signature on Application**

OPERATION AND OWNERSHIP: Please specify the full legal name and address of the person, partnership, company, corporation or agency to be named on the permit. All permits and billings will be sent to the first address below.

Name: _____

Mailing/Billing Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Contact Person/Title: _____ **Fax:** _____

Contact Person Email Address: _____

Specify facility name, street address, and phone number where the equipment is or is proposed to be installed.

Facility Name: _____

Facility Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Contact Person/Title: _____ **Fax:** _____

Specify the name, address, and phone number of the contractor, consultant, or contact person for this project.

Project Contact: _____

Contact Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Contact Person/Title: _____ **Fax:** _____

REASON FOR APPLICATION SUBMITTAL:

Build/install new emissions unit/process Change in existing permit conditions

Emission Reduction Credits Permit to Operate for an existing unit

Change in throughput only for an existing permitted unit/process

Modify existing permitted unit/process

Nature of Modification: _____

Relocation of Equipment

Previous location: _____ **PO#'s:** _____

Transfer of ownership

Previous business name: _____ **PO#'s:** _____

Other: _____

Related permit number: Please provide related permit number(s) and expiration date(s) for this project (if applicable). If you do not know the number, please leave blank. _____

MAKE CHECKS PAYABLE TO: NSAQMD **DATE RECEIVED:** _____

P.O. Box 2509

Grass Valley, CA 95945 **FILING FEE:** _____

(complete both sides of this application)

Will the proposed permitted unit operate within 1000 feet from the outer boundary of a school site?

Yes No If yes, name of school:

Do you claim confidentiality of data with respect to information submitted with this application?

Yes No

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

If yes, provide citation number:

GENERAL NATURE OF BUSINESS OR AGENCY: (e.g., auto body painting, sand and gravel operations, asphalt/concrete batch plant, etc.)

PROCESS/PROJECT DESCRIPTION: Briefly describe the process proposed for construction/installation and/or operation. Use additional sheets and/or supplemental forms if required.

PROJECT STATUS:

Estimated
Starting Date

Estimated
Completion Date

Construction or Installation

Equipment Modification

Relocation of Equipment

Transfer of Ownership/Operator

DISTRICT SPECIFIC QUESTIONS: Be sure to complete & attach all supplemental application forms that were included in your application packet.

I hereby certify that all information provided on this application 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 permit to operate or authority to construct. If I abandon this project and withdraw my application or should my application subsequently be disapproved, I agree that the obligation exists to compensate the district for time spent processing my application when required.

SIGNATURE: _____

DATE: _____

Signature or responsible official, partner, or sole proprietor (Original Signature Required/No Photocopies)

PRINT NAME:

ORGANIZATION:

***All applications require supplemental forms and additional data. In addition, plans or drawings may have to be submitted with the application(s). Please contact the District permitting staff for additional information. Failure to adhere to the instructions outlined by the District could result in the application(s) being returned as incomplete.**

(Rev 12/03/07)