<u>DISTRICT HEADQUARTERS</u> 200 Litton Drive, Suite 320

Grass Valley, CA 95945 (530) 274-9360 / FAX: (530) 274-7546 email: office@myairdistrict.com or www.myairdistrict.com

NORTHERN FIELD OFFICE 257 E. Sierra, Unit E Mailing Address: P.O. Box 2227 Portola, CA 96122

(530) 832-0102 / FAX: (530) 832-0101

email: julie@myairdistrict.com or www.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:	
<b>Contact Person Email Address:</b>				
Specify facility name, street address, and pracility Name:	phone number whe	re the equipmen	nt is or is proposed to be in	istalled.
<b>Facility Address:</b>				
City:	State	Zip:	Phone:	
Contact Person/Title:			Fax:	
Specify the name, address, and phone nun	nber of the contrac	tor, consultant,	or contact person for this	project.
<b>Project Contact:</b>				
Contact Addresss:				
City:	State:	Zip:	Phone:	
Contact Person/Title:		_	Fax:	
[ ] Emission Reduction Credits [ ] Change in throughput only	s unit/process s	[ ] Permi	ge in existing permit concept to Operate for an existing rocess	
[ ] Modify existing permitted was Nature of Modification:		•		
[ ] Relocation of Equipment Previous location:			PO#'s:	
[ ] Transfer of ownership Previous business name:			PO#'s:	
[ ] Other:				
Related permit number: Please provide (if applicable). If you do not know the		` '	expiration date(s) for thi	s project
	NSAQMD 200 Litton Dr., Su Grass Valley, CA	ite 320	ECEIVED: LING FEE:	
(complete both sides of this application)	, 211		· - •	

(Permit Application Form, page 2)		
(гегти Аррисаноп Form, page 2)		
	perate within 1000 feet from the our s, name of school:	ter boundary of a school site?
Do you claim confidentiality of date [] Yes [] No	ta with respect to information subm	itted with this application?
Is this permit application a result o	f a district enforcement action? [	] Yes [] No
If yes, provide citation number:		
GENERAL NATURE OF BUSING operations, asphalt/concrete batch	NESS OR AGENCY: (e.g., auto boplant, etc.)	ody painting, sand and gravel
•	<b><u>PTION</u></b> : Briefly describe the proces eration. Use additional sheets and/o	
PROJECT STATUS:	Estimated Starting Date	Estimated  Completion Date
Construction or Installation		
Equipment Modification		
Relocation of Equipment		
Transfer of Ownership/Operator		
DISTRICT SPECIFIC QUESTION forms that were included in your a	ONS: Be sure to complete & attach pplication packet.	all supplemental application
and all fees required by District ru operate or authority to construct. !	n provided on this application is tru les for processing this application of If I abandon this project and withdro proved, I agree that the obligation e on when required.	and for issuance of any permit to aw my application or should my
CICNATURE		DATE

<b>SIGNATURE:</b>	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 03/01/13)