

**NORTHERN SIERRA AIR QUALITY MANAGEMENT DISTRICT**

DISTRICT HEADQUARTERS  
200 Litton Drive, Suite 320

Grass Valley, CA 95945  
(530) 274-9360 / FAX: (530) 274-7546  
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NORTHERN FIELD OFFICE  
257 E. Sierra, Unit E  
P.O. Box 2227  
Portola, CA 96122  
(530) 832-0102 / FAX: (530) 832-0101  
website: 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:** \_\_\_\_\_

**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:** \_\_\_\_\_

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**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 07/23)