

**NORTHERN SIERRA AIR QUALITY MANAGEMENT DISTRICT**

DISTRICT HEADQUARTERS  
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**NO BURN DAY AUTHORIZATION REQUEST FORM – AGRICULTURAL PROJECTS ONLY**  
**A \$108.83 FEE MUST ACCOMPANY THIS APPLICATION**

Company/Agency/Individual: \_\_\_\_\_ Air Pollution Permit #: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Intended Burn: \_\_\_\_\_

Location Of Burn/Unit ID: \_\_\_\_\_ CB3 Into ARB? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

AQMD Permit Number: \_\_\_\_\_ Location: T: \_\_\_\_\_ R: \_\_\_\_\_ S: \_\_\_\_\_ Elevation: \_\_\_\_\_ ft

Type of Burn (✓): Hand Piles: \_\_\_\_\_ Machine Piles: \_\_\_\_\_ Broadcast: \_\_\_\_\_ Underburn Size: \_\_\_\_\_

Amount to be Burned: \_\_\_\_\_ acres Fuel Loading: \_\_\_\_\_ tons/acre Drying Time: \_\_\_\_\_ days

REASON FOR REQUEST (Burns above 6,000 ft do not need to show economic loss per Rule 313.3.B):

1. If the burn is below 6000 ft., please state the reasons why denying you a permit to burn on a No-Burn Day would “threaten imminent and substantial economic loss” pursuant to section 41862 of the California Health and Safety Code:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Estimate the dollar value of economic loss incurred if burning is not completed on a No-Burn Day: \_\_\_\_\_

**BY STATE LAW AND DISTRICT RULE 313.1, THIS AUTHORIZATION IS ISSUED SUBJECT TO THE FOLLOWING CONDITIONS:** 1) Applicant has adequately demonstrated to the Air Quality District economic hardship expected to occur without such authorization; 2) Air pollution from burning conducted under this authorization will not transport to an adjacent air district; 3) Air pollution from burning conducted under this authorization will not cause a public nuisance; 4) Applicant is prepared to curtail or mitigate burning as necessary, to reduce air pollution in the event of poor dispersal or public nuisance.

**ADDITIONAL CONDITIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Unless otherwise specified herein, this authorization is only valid for the *Date of Intended Burn*. **I have read and accepted the conditions under which this authorization is valid. I declare under penalty of perjury that the foregoing is true and correct** pursuant to §118 of the California Penal Code:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant/Contact Person

----- AQMD Use Only -----

Granted by: \_\_\_\_\_ Date Granted: \_\_\_\_\_