

NORTHERN SIERRA AIR QUALITY MANAGEMENT DISTRICT

DISTRICT HEADQUARTERS
200 Litton Drive, Suite 320

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

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:

- | | |
|---|---|
| <input type="checkbox"/> Build/install new emissions unit/process | <input type="checkbox"/> Change in existing permit conditions |
| <input type="checkbox"/> Emission Reduction Credits | <input type="checkbox"/> Permit to Operate for an existing unit |
| <input type="checkbox"/> 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:** _____

200 Litton Dr., Suite 320

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.**