NORTHERN SIERRA AIR QUALITY MANAGEMENT DISTRICT

<u>DISTRICT HEADQUARTERS</u> 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	l phone number wher	e the equipme	nt is or is proposed to be in	stalled.
Facility Name:				
Facility Address:				
City:	State	Zip:	Phone:	
Contact Person/Title:			Fax:	
Specify the name, address, and phone nu	mber of the contract	or, consultant,	or contact person for this p	project.
Project Contact:				
Contact Addresss:				
City:	State:	Zip:	Phone:	
Contact Person/Title:		-	Fax:	
REASON FOR APPLICATION SU	UBMITTAL:			
[] Build/install new emission	ns unit/process	[] Chang	ge in existing permit cond	litions
[] Emission Reduction Credi			t to Operate for an existing	ng unit
[] Change in throughput only		mitted unit/p	rocess	
[] 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			expiration date(s) for this	project
(if applicable). If you do not know th	e number, please le	ave blank		
MAKE CHECKS PAYABLE TO:	NSAQMD	DATE R	ECEIVED:	
	200 Litton Dr., Sui	te 320		
	Grass Valley, CA 9	95945 F	ILING 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
[] 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 require PROJECT STATUS: Estimated
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Construction or Installation
Equipment Modification
Relocation of Equipment
Transfer of Ownership/Operator
<u>DISTRICT SPECIFIC QUESTIONS:</u> 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 a

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)