

NORTHERN SIERRA AIR QUALITY MANAGEMENT DISTRICT

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NO BURN DAY AUTHORIZATION REQUEST FORM – AGRICULTURAL PROJECTS ONLY
A \$113.12 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: _____