

**SHASTA COUNTY DEPARTMENT OF RESOURCE MANAGEMENT
AIR QUALITY MANAGEMENT DISTRICT**

**1855 PLACER STREET, SUITE 101, REDDING, CALIFORNIA 96001 PHONE (530)225-5674/FAX (530)225-5237
aqmd.shastacounty.gov**

APPLICATION FOR AUTHORITY TO CONSTRUCT/PERMIT TO OPERATE

INSTRUCTIONS

PERMIT NUMBER -PO-

Each applicant for an Authority to Construct shall provide to the District the following:

- A. One application form for each emission unit or multi-component system at the facility.
- B. A **\$75** one time filing fee for each application, or a **\$15** transfer of ownership or name change fee made payable to the Shasta County AQMD.
- C. Adequate drawings of each emissions unit, including plot plan and area map indicating receptors within 1/4 mile of the facility. Any public or private school with an outer boundary within 1,000 feet of the emissions unit must be included on the map.
- D. A signature of a responsible member of the organization on each application.
- E. An annual permit fee must be paid before a Permit to Operate is granted. The District shall notify the applicant of the appropriate amount due following an initial inspection of the permitted device(s).

Print Clearly

1. Application for: (check one):

- New Construction
- Equipment Modification
- Change of Ownership/Name

2. Is the plot plan attached? Yes: _____ No: _____

3. Planned Date of Construction: Start: _____ End: _____

4. Business Name: _____

5. Name of Owner(s)/Principles: _____ Telephone: _____

6. Email of Owner: _____ Fax: _____

7. Point of Contact /Name of Contractor: _____ Telephone: _____

8. Point of Contact/ Contractor Email: _____

9. Type of Business: _____

10. Mailing Address: _____

11. Address of proposed equipment: _____

12. Assessor's Parcel Number: _____

13. Equipment Description (use additional sheets if required): _____

14. Is this emission unit within 1,000 feet from the outer boundary of any public or private school? Yes: _____ No: _____

15. Signature of Applicant: _____ Date: _____

16. Print Signer's Name: _____ Title: _____

BY SIGNING THIS APPLICATION, THE APPLICANT/PROPERTY OWNER AGREES TO DEFEND, INDEMNIFY, AND HOLD THE SHASTA COUNTY AIR QUALITY MANAGEMENT DISTRICT HARMLESS FROM ANY CLAIM, ACTION, OR PROCEEDING BROUGHT TO ATTACK, SET ASIDE, VOID OR ANNUL THE DISTRICT'S APPROVAL OF THIS APPLICATION, ISSUANCE OF ANY ASSOCIATED PERMIT, AND ANY ENVIRONMENTAL REVIEW ASSOCIATED WITH THE PROPOSED PROJECT.

Internal Use Only: Air Quality Fees Collected

	Date	Amount	Receipt #	Received By
Filing				