

TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT
P.O. Box 1169
Red Bluff, CA, 96080
(530) 527-3717

APPLICATION FOR AUTHORITY TO CONSTRUCT AND PERMIT TO OPERATE

Application Instructions

1. Use one application form for each permit unit of basic equipment and air pollution control equipment. This may include a single or multi-component system.
2. A \$188.00 filing fee must accompany each application (Rule 2:11 Permit Fees). Make check or money order payable to: Tehama County Air Pollution Control District.
3. Each application must be filled out completely and accompanied by adequate plans and operating characteristics.
4. Each application must be signed by a responsible member of the organization that is to operate the equipment.

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1. Permit To Be Issued To:

Business License Name

Owner/Principal Name

2. Mailing Address:

Number

Street

City

State

Zip Code

3. Equipment Location:

Number

Street

City

State

Zip Code

4. Equipment Description: (Put complete company identification in this space; use additional sheets to supply further information required.)

5. Purpose of Application:
- | | | | |
|-----------------------------|--------------------------|---------------------|--------------------------|
| Operate existing equipment: | <input type="checkbox"/> | New construction: | <input type="checkbox"/> |
| Alteration: | <input type="checkbox"/> | Change of location: | <input type="checkbox"/> |
6. Type of Organization:
- | | | | |
|-------------------|--------------------------|--------------------|--------------------------|
| Corporation: | <input type="checkbox"/> | Partnership: | <input type="checkbox"/> |
| Individual owner: | <input type="checkbox"/> | Government Agency: | <input type="checkbox"/> |
7. Pursuant to California Health and Safety Code Section 42301.6 (a) specify the distance to the nearest outer boundary of a school site:
- _____
8. For new construction, alteration, transfer of ownership or location:
- Estimated starting date: _____
- Estimated completion date: _____
9. General Nature of Business
- _____
10. Type or Print Name of Applicant: _____
11. Signature: _____
12. Official Title: _____
13. Telephone Number: _____ 14. Date: _____

SURFACE COATING OPERATION

15. Operating Schedule:
- Hrs/Day: _____ Days/Week: _____ Months/Year: _____
- Size of facility: _____ Number of Employees: _____

16. List details on any type of air pollution control equipment at site: (Name, % Efficiency, etc.)

17. List types and amounts of all materials used for coatings, clean-up, etc. (Total gallons per year).

- | | |
|----------|----------|
| a. _____ | b. _____ |
| c. _____ | d. _____ |
| e. _____ | f. _____ |
| g. _____ | h. _____ |
| i. _____ | j. _____ |

Submit: Materials Safety Data Sheet (MSDS) for all coatings.

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FOR OFFICIAL USE ONLY

	Date	Amount	Received By	Date	Action	Initials
Filing						
Permit						

	Date	Initials		
Authority to Construct				
Permit to Operate			Permit Number	