

Instructions for Tehama County Air Pollution Control District Permit Application Form

Please Note: No person shall knowingly make any false statement in any application for a permit, or in any information, analysis, plans or specifications submitted in conjunction with the application or at the request of the Air Pollution Control Officer (APCO). Any applicant who fails to submit any relevant facts or who has submitted incorrect information in the Permit Application Form shall upon becoming aware of such failure or incorrect submittal, promptly submit such supplementary factors or corrected information to the APCO. The APCO may request additional information, as needed, to supplement the Permit Application form. If sufficient space is not available in the form, please attach additional information.

A. Operation and Ownership

The purpose of this section is to provide required information to identify the organization/facility name, address, and appropriate project contact to be used for Authority-to-Construct or Permit-to-Operate applications. Please note that this information provided in this section of the form will appear exactly as indicated in the permit issued. In addition, please note that all permits and billing information will be sent to the first address listed in this section.

Organization: Fill in the legal name of the Business, Company, Individual Owner, or Governmental Agency.
Facility: Fill in the name and location of the facility where the emissions unit will be located.
Project: Identify the name and address of the contractor, consultant, or contact person if different from the person identified above for the organization.

B. Reason for Application Submittal

Please check the one box that best describes the permit action pursued in this application form. If there is not an appropriate box, please check "Other" and fill in a brief description. As indicated on the application form, please provide any related permit number(s) and expiration dates for the project if known.

Line 27: Please indicate whether the proposed permit unit will be located within 1000 feet from the outer boundary of a school site. For additional information, see Health and Safety Code Sections 42301.6(f).
Line 28: Please indicate if you are submitting data or information that is confidential or proprietary in nature.
Line 29: Please indicate whether this permit action is a result of a district enforcement action.
Line 30: Please provide the district's Notice of Violation number if known.

C. General Nature of Business or Agency

Line 31: Please provide a brief description of the general nature of the business or agency activity (e.g. auto body painting, gasoline storing & dispensing, grain elevator, sand & gravel operations, asphalt plant, gas production, etc).

D. Process/Project Description

Line 32: Please provide a brief description of the process proposed for construction or modification. Please attach addition sheets

E. Project Status

Line 33: Please indicate the estimated starting date(s) and completion date(s) for the proposed project.

F. District Specific Questions

Line 34: This section is provided for explanations of district specific questions, if any, that appear in section 34 of the application form.

G. Name of Responsible Party

Line 35: Indicate the responsible party to be billed for additional Air Pollution Control District staff time expended beyond the minimum permit application fee.

H. Signature of Responsible Official, Partner, or Sole Proprietor

Line 36: The original Permit Application Form shall be signed in this section by the responsible official, partner, or sole proprietor; the signature implies certification based on information and belief formed after reasonable inquiry, and the information in this Permit Application Form is true, accurate, and complete.

Tehama County Air Pollution Control District

P.O. Box 1169
Red Bluff, CA 96080
(530) 527-3717

Vapor Recovery Permit Application Form

(Application must be typewritten or printed in ink. Complete both sides of application)

Important.- To assure that your application is complete, include all of the following when submitting this application.

♣ Appropriate Fee \$222.75

♣ Completed Supplemental Forms

♣ Signature on Application

Operation and Ownership: Please specify the legal name and address of the partnership, company, corporation or agency to be named on the permit. All permits and billings will be sent to the first address below.

1. Organization Type: ☐ Corporation ☐ Partnership ☐ Individual Owner ☐ Government Agency ☐ Other
2. Name: _____ Contact Person: _____
3. Address: _____
4. City: _____ 5. State: _____ 6. Zip: _____ 7. Phone: _____
8. Email address: _____ 9. FAX: _____

Please specify the facility name, street address, and phone number where the equipment is or is proposed to be installed.

10. Facility Name: _____ Contact Person: _____
11. Facility Address: _____
12. City: _____ 13. State: _____ 14. Zip: _____ 15. Phone: _____
16. Email address: _____ 17. FAX: _____

Please specify the name, address, and phone number of the contractor, consultant, or contact person for this project.

18. Name: _____ Contact Person: _____
19. Address: _____
20. City: _____ 21. State: _____ 22. Zip: _____ 23. Phone: _____
24. Email address: _____ 25. FAX: _____

26. **Reason for Application Submittal:**

- ☐ Build/install new emissions unit/process
- ☐ Change in existing permit conditions
- ☐ Emission Reduction Credits
- ☐ Permit to Operate for an existing unit
- ☐ Change in throughput only for an existing permitted unit/process
- ☐ Other _____

- ☐ Modify existing permitted unit/process
- Nature of Modification _____
- ☐ Relocation of Equipment
- Previous location _____
- ☐ Transfer of ownership
- Previous business name _____

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.* _____

27. Will the proposed permitted unit operate within 1,000 feet from the outer boundary of a school site? ☐ Yes ☐ No
28. Do you claim confidentiality of data with respect to information submitted with this application? ☐ Yes ☐ No
29. Is this permit application a result of a District enforcement action? ☐ Yes ☐ No
30. If yes, provide Notice of Violation number: _____

31. **General Nature of Business or Agency:** (e.g., auto body painting, gasoline storage & dispensing, grain elevator, sand and gravel operations, asphalt concrete plant, gas production, etc).

(Complete both sides of application)

32. **Processing/Project Description:** Briefly describe the process proposed for construction/installation and/or operation. Use additional sheets and/or supplemental forms if required.

33. **Project Status:**

	Estimated Starting Date	Estimated Completion Date
Construction or Installation		
Equipment Modification		
Relocation of Equipment		
Transfer of Ownership/Operator		

34. **District Specific Questions: California Air Resources Board Certified Equipment**

Executive Order #:	Phase I:	Phase II:	Exhibit #:
No. of Nozzles:		Pressure/Vent Valve:	
Make:		Make:	
Model:		Inches H ₂ O: Pressure:	Vac:
Dispenser(s):		Dispenser Swivels:	
Make:		Make:	
Model:		Model:	
Retractor:		Hose Type:	
Make:		Make:	
Model:		Model:	
Vapor Check Valve:		Breakaway Valve:	
Make:		Make:	
Model:		Model:	

Vapor Recovery Equipment: (check appropriate space)

Phase I: ☐ Two Point ☐ Coaxial Phase II: ☐ Balance System ☐ Aspirator Assist ☐ Vacuum Assist

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 expended processing my application when required.

35. Indicate the responsible party to be billed for additional Air Pollution Control District staff time expended beyond the minimum permit application fee.

Name: _____
Mailing Address: _____
Phone: _____

36. Signature: _____ Date: _____
(Signature of responsible official, partner, or sole proprietor. Original Signature Required No Photocopies)

Print Name: _____ Organization: _____

* All applications may require supplemental forms and additional data. In addition, plans or drawings may have to be submitted with the application(s). Please contact the district engineering staff for additional information. Failure to adhere to the instructions outlined by the district could result in the application(s) being returned as incomplete.

FOR OFFICE USE ONLY: