## TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT P.O. Box 1169, Red Bluff, CA 96080

Phone: (530) 527-3717 Fax: (530) 527-0959

## Fugitive Dust Permit Application Permit Fee: \$201.00 ☐ and/or

## **Land Clearing Burn Permit Application** Permit Fee: \$77.75 □

## **APPLICANT INFORMATION**

Please specify the legal name and address of the partnership, company, corporation or agency to be named on the permit.

Company:		Contact:	
Phone:	Fax:	Email:	
Address:			
	<u>PROJE</u>	CT INFORMATION	
Project Name:			
		Project Fax:	
Address:		City:	
Project Email:			
Project Duration:			
Other Information:			
Sources of Fugitive Em	issions:		
Distance to Nearest Sen	sitive Receptor (If Applicab	le):	
Description of Receptor	:		
Type of Burn (Grass, tro	ees, brush, etc.)		
Amount (acres)			
(A Sensitive Receptor is I Center, Retirement Home,	Defined as a School, Hospital, l or Any other site that may con	Recovery Center, Outpatient Care Center, Hospice, Cain persons sensitive to Fugitive Dust or Smoke emis	childrens Day Care sions.)
Signature:(Signature	of responsible official partner or	Title:sole proprietor. Original signature required <b>NO</b> photocopies	<u></u>
Print Name	or responsible official, partiel, of	Date:	· <i>)</i>