



Great Basin Unified Air Pollution Control District

| | | |
|--------------------|---|----------------------------|
| Section A-1 | Authority To Construct / Permit To Operate Application | General Information |
|--------------------|---|----------------------------|

| | | | |
|------------------------------------|-------------------------------------|--|--|
| Reason for Application (Check one) | <input type="checkbox"/> New Source | <input type="checkbox"/> Modification to Existing Source | <input type="checkbox"/> Change of Ownership |
|------------------------------------|-------------------------------------|--|--|

- A. Section A-1, pages 1 & 2 must be filled out COMPLETELY for EACH article, machine, equipment, contrivance or secondary source requiring a permit.
- B. A FILING FEE of \$97.00 paid by check, or money order must accompany EACH application.

1. Permit to be issued to:

2. Mailing Address:

| | | | |
|------------------|--------------|-------|----------|
| | | | |
| Street or PO Box | City or Town | State | Zip Code |

3. Type of Organization:

| | | | |
|--------------------------------------|---|--------------------------------------|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Individual Owner | <input type="checkbox"/> Partnership | <input type="checkbox"/> Government Agency |
|--------------------------------------|---|--------------------------------------|--|

4. Person to Contact on Air Pollution Matters:

| | | |
|------|-------|------------------|
| | | |
| Name | Title | Telephone Number |

5. Exact Source Location – Include Name and Location (County or City):

6. Pursuant to the provisions of the Health and Safety Code of the State of California and the Rules and Regulations of the Great Basin Unified APCD, application is hereby made for and AUTHORITY TO CONSTRUCT/PERMIT TO OPERATE the following article, machine, equipment, contrivance or secondary source:

7. Owner or Certified Official:

| | | |
|------|-------|------------------|
| | | |
| Name | Title | Telephone Number |

8. Signature: _____ Date: _____

DO NOT WRITE BELOW (APCD USE ONLY)

| | | | |
|---------------------|--------------------|-----------------------|--------------------|
| DATE RECEIVED STAMP | APPLICATION NUMBER | UTM COORDINATES | SECTIONS COMPLETED |
| | FILING RECEIPT | COUNTY | A-1 |
| | FEE SCHEDULE | CITY | A-2 |
| | RENEWAL FEE | ACKNOWLEDGEMENT SENT: | A-3 |
| RECEIVED BY: | SIC CODE | DATE: | A-4 |
| | | BY: | A-5 |
| | | | A-6 |

