

**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  
www.co.shasta.ca.us

**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. (\*Furnish a copy of the sales agreement or a signed statement from the seller.)
- 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 1000 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. Business Name: \_\_\_\_\_

2. Email: \_\_\_\_\_

3. Assessor's Parcel Number: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Type of Business: \_\_\_\_\_

5. Mailing Address: \_\_\_\_\_

6. Address of Equipment: \_\_\_\_\_

7. Equipment Description (use additional sheets if required): \_\_\_\_\_

- |  |   |
|--|---|
| 8. Application to: (check one):<br>Operate Existing Equipment            ___<br>New Construction                            ___<br>Change of Location                         ___<br>Modification                                 ___<br>Exempt Equipment                         ___<br>Change of Ownership*                    ___ | 9. Type of Organization:<br>Corporation                                 ___<br>Partnership                                 ___<br>Individual Owner                         ___<br>Government Agency                     ___<br>(Copy of agreement <b>or</b> statement attached? Yes ___ No ___) |
|--|---|

10. Planned construction dates: Start: \_\_\_\_\_ End: \_\_\_\_\_

11. Is a plot plan attached?    Yes: \_\_\_\_\_ No: \_\_\_\_\_

12. Is this emission unit within 1000 feet from the outer boundary of any public or private school?    Yes: \_\_\_\_\_ No: \_\_\_\_\_

13. Name of Owner(s)/Principles: \_\_\_\_\_

14. Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

15. 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.**

**Other Division Review**

**Air Quality Fees Collected**

General Plan/Zoning:		Type	Date	Amount	Receipt #	Rec'd By
Use requires use permit:	Yes    No	Filing				
Use requires building permit:	Yes    No	Permit				
Planning: Date:	Building: Date:					