



San Joaquin Valley Air Pollution Control District

www.valleyair.org

Permit Application For:

- AUTHORITY TO CONSTRUCT (ATC) - New Emission Unit.
 AUTHORITY TO CONSTRUCT (ATC) - Modification Of Emission Unit With Valid PTO/Valid ATC.
 AUTHORITY TO CONSTRUCT (ATC) - Renewal of Valid Authority to Construct.
 PERMIT TO OPERATE (PTO) - Existing Emission Unit Now Requiring a Permit to Operate.

1. PERMIT TO BE ISSUED TO:		
2. MAILING ADDRESS: STREET/P.O. BOX: _____ CITY: _____ STATE: _____ 9-DIGIT ZIP CODE: _____		
3. LOCATION WHERE THE EQUIPMENT WILL BE OPERATED: STREET: _____ CITY: _____ _____/4 SECTION _____ TOWNSHIP _____ RANGE _____		WITHIN 1,000 FT OF A SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO S.I.C. CODE(S) OF FACILITY (If known):
4. GENERAL NATURE OF BUSINESS:		INSTALL DATE:
5. TITLE V PERMIT HOLDERS ONLY: Do you request a COC (EPA Review) prior to receiving your ATC? <input type="checkbox"/> YES <input type="checkbox"/> NO		
6. DESCRIPTION OF EQUIPMENT OR MODIFICATION FOR WHICH APPLICATION IS MADE (include Permit #'s if known, and use additional sheets if necessary)		
7. PERMIT REVIEW PERIOD: Do you request a three- or ten-day period to review the draft Authority to Construct permit? Please note that checking "YES" will delay issuance of your final permit by a corresponding number of working days. See instructions for more information on this review process. <input type="checkbox"/> 3-day review <input type="checkbox"/> 10-day review <input type="checkbox"/> No review requested		
8. HAVE YOU EVER APPLIED FOR AN ATC OR PTO IN THE PAST? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, ATC/PTO #:	9. HAVE ALL NECESSARY LAND-USE AUTHORIZATIONS BEEN OBTAINED? (If "No" is checked, please attach explanation.) <input type="checkbox"/> YES <input type="checkbox"/> NO	Optional Section 11. CHECK WHETHER YOU ARE A PARTICIPANT IN EITHER OF THESE VOLUNTARY PROGRAMS: "SPARE THE AIR" <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Send info "INSPECT" <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Send info  
10. IS THIS APPLICATION SUBMITTED AS THE RESULT OF EITHER A NOTICE OF VIOLATION OR A NOTICE TO COMPLY? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, NOV/NTC #:		
12. TYPE OR PRINT NAME OF APPLICANT:		TITLE OF APPLICANT:
13. SIGNATURE OF APPLICANT: _____ DATE: _____		PHONE #: () FAX #: () E-MAIL: _____

FOR APCD USE ONLY:

DATE STAMP:	FILING FEE RECEIVED: \$ _____ CHECK #: _____
	DATE PAID: _____
	PROJECT #: _____ FACILITY ID: _____

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 Central Regional Office * 1990 East Gettysburg Avenue * Fresno, California 93726-0244 * (559) 230-5900 * FAX (559) 230-6061
 Southern Regional Office * 2700 M Street, Suite 275 * Bakersfield, California 93301-2370 * (661) 326-6900 * FAX (661) 326-6985

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