



Application for: Chimney Smoke Reduction Incentive Program Reimbursement

El Dorado County Air Quality Management District
330 Fair Lane, Placerville, CA 95667
Phone: (530) 621-7501
Fax: (530) 295-2774
www.edcgov.us/AirQualityManagement
aqmd@edcgov.us

(for projects started after January 1, 2014)

Applicant and Residence Information	<i>Applicant Name (Please Print or Type)</i>	<i>Phone ()</i>
	<i>Street Address of Residential Remodel</i>	<i>City, State & Zip Code</i>
	<i>Mailing Address (if different)</i>	<i>City, State & Zip Code</i>
	<i>E-Mail Address (optional)</i>	

I. PRE-APPROVAL: (Applicant Completes)	(AQMD Completes)	
<input type="checkbox"/> Removal of wood stove (or fireplace if AQMD approved): Make: _____ Model: _____ <input type="checkbox"/> Install electric, propane or natural gas furnace or appliance. <input type="checkbox"/> Heat home with existing electric, propane or natural gas furnace. <input type="checkbox"/> Install EPA Certified wood burning device. Make: _____ Model: _____	<input type="checkbox"/> First time RIP applicant <input type="checkbox"/> Primary residence AQMD initial inspection <input type="checkbox"/> Site visit date: _____	<input type="checkbox"/> Proposed unit eligible <input type="checkbox"/> Existing unit eligible

Additional description of project/request if necessary:

I certify I reside at the above address, it is my primary residence, is more than one year old and a functioning uncertified wood burning device will be removed and/or rendered permanently inoperative. I certify all information contained herein and submitted with this application is true, accurate and complete. **If applicable, AQMD is paying for the associated Building Permit. If my Permit expires, I will repay AQMD the full cost of the Building Permit within 30-days of Building Permit expiration. In order to ensure funding is secure for my project, I will apply for a Building Permit within 30-days of the pre-approval date. PRESENT (BUT RETAIN) THIS PRE-APPROVAL TO THE BUILDING DEPARTMENT WHEN APPLYING FOR A BUILDING PERMIT.**

Applicant Signature: _____	Pre-approval Date: _____	AQMD pre-approval signature: _____
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II. BUILDING PERMIT		(Applicant or AQMD Completes)	
Permit Number: _____	<input type="checkbox"/> El Dorado County (\$101) <input type="checkbox"/> City of Placerville (\$96) <input type="checkbox"/> City of South Lake Tahoe (\$104)	Final Inspection Date: _____	

III. APPROVAL AND FUNDING:		(AQMD Completes)	
Required Items (Copies OK)	<input type="checkbox"/> Before and after photos (electronic files OK) <input type="checkbox"/> Receipt for destruction of old device (item specific)	<input type="checkbox"/> Receipt for new device (if applicable) <input type="checkbox"/> Finalized Building Permit (if applicable)	
Destruction receipt must be from a licensed disposal or recycling facility. Contractor's notes will not be accepted.			

FOR EL DORADO COUNTY AQMD USE ONLY			(Circle One)
FINAL APPROVAL DATE STAMP	Type of Permit	West Slope	Tahoe
	Removal of old wood burning stove only. (Use existing furnace, or electric, natural gas, or propane appliance)	\$600	\$900
	Removal of old wood burning stove (or fireplace if approved by AQMD) and replacement with electric, natural gas or propane appliance.	\$600	\$900
	Removal of old wood burning stove. Replacement with new EPA certified wood burning device (pellet, woodstove, fireplace insert)	\$500	\$800

Authorized By: _____	TOTAL: _____	
Dave Johnston, Air Pollution Control Officer	Date	BP is: <input type="checkbox"/> via Journal Entry <input type="checkbox"/> to be Billed Later <input type="checkbox"/> Paid to Applicant <input type="checkbox"/> Not Required
Index Code: 433110	Sub Object: 4500	Check Description: Chimney Smoke RIP
Check Number: _____	Amount Paid: _____	