



# Chimney Smoke Reduction Incentive Program (RIP) Reimbursement Application

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

<b>Applicant and Residence Information</b>	<i>Applicant Name (Please Print or Type)</i>	<i>Phone ( )</i>
	<i>STREET Address of Residential Remodel</i>	<i>City, State &amp; Zip Code</i>
	<i>MAILING Address (if different)</i>	<i>City, State &amp; Zip Code</i>
	<i>E-Mail Address (optional)</i>	<i>How did you hear of the RIP program? (please be specific)</i>

<b>I. PRE-APPROVAL:</b>		<b>(AQMD Completes)</b>	
Removal of: <input type="checkbox"/> wood stove, <input type="checkbox"/> wood insert, or <input type="checkbox"/> fireplace (if approved) <i>Make: _____ Model: _____</i>		<input type="checkbox"/> First time applicant	<input type="checkbox"/> Proposed unit eligible
Install: <input type="checkbox"/> electric, <input type="checkbox"/> propane, <input type="checkbox"/> natural gas, { <input type="checkbox"/> stove or <input type="checkbox"/> insert} Install EPA Certified: <input type="checkbox"/> wood, <input type="checkbox"/> pellet { <input type="checkbox"/> stove or <input type="checkbox"/> insert} <i>Make: _____ Model: _____</i>		<input type="checkbox"/> Owner-Occupied Primary Residence	<input type="checkbox"/> Existing unit eligible
Or, <input type="checkbox"/> Heat home with existing electric, propane or natural gas furnace.		AQMD inspection	
<input type="checkbox"/> Site visit date: _____			
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. PRESENT (BUT RETAIN) THIS PRE-APPROVAL TO THE BUILDING DEPARTMENT WHEN APPLYING FOR A BUILDING PERMIT. TO ENSURE FUNDING IS SECURE FOR MY PROJECT, I WILL SUBMIT MY RIP CLAIM WITHIN SIX (6) MONTHS OF THE PRE-APPROVAL DATE. CLAIMS NOT SUBMITTED WITHIN 6 MONTHS OF PRE-APPROVAL DATE MAY NOT BE FUNDED, AT THE DISCRETION OF THE APCO.**

Applicant Signature: \_\_\_\_\_ Pre-Approval Date: \_\_\_\_\_ AQMD pre-approval signature: \_\_\_\_\_

## II. BUILDING PERMIT

Permit Number:	<input type="checkbox"/> El Dorado County (\$115) (530) 621-5315	<input type="checkbox"/> City of Placerville (\$96) (530) 642-5240	<input type="checkbox"/> City of South Lake Tahoe (\$104) (530) 542-6010	<input type="checkbox"/> State of CA (\$196) (916) 255-2501	Final Inspection Date:

## III. APPROVAL AND FUNDING: PLEASE RETURN THESE ITEMS TO MAKE THE CLAIM

- Required Items (Copies OK)**
- After photos (electronic files OK)
  - Receipt for new device (if applicable)
  - Receipt for destruction of old device\* (item specific)
  - Finalized Building Permit/Receipt (if appl.)

\* 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)	<b>\$600</b>	<b>\$900</b>
	Removal of old wood burning stove (or fireplace if approved by AQMD) and replacement with electric, natural gas or propane appliance.	<b>\$600</b>	<b>\$900</b>
	Removal of old wood burning stove. Replacement with new EPA certified wood burning device (pellet, woodstove, fireplace insert)	<b>\$500</b>	<b>\$800</b>

Authorized By: \_\_\_\_\_

TOTAL: \_\_\_\_\_

\_\_\_\_\_  
Dave Johnston, Air Pollution Control Officer

\_\_\_\_\_  
Date

BP is:  via Journal Entry  
 to be Billed Later  
 Paid to Applicant  
 Not Required

Index Code: 433110

Sub Object: 4500

Check Description: Chimney Smoke RIP

Check Number: \_\_\_\_\_

Amount Paid: \_\_\_\_\_