



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

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>How did you hear of the RIP program? (please be specific)</i>

I. PRE-APPROVAL:	(AQMD Completes)
Removal of: wood stove wood insert, or fireplace (if approved) Make: Model:	<input type="checkbox"/> First time applicant <input type="checkbox"/> Proposed unit eligible <input type="checkbox"/> Owner-Occupied Primary Residence <input type="checkbox"/> Existing unit eligible
Install: electric, propane, natural gas, { stove or insert} Install EPA Certified: wood pellet { stove or insert} Make: Model:	
Or, <input type="checkbox"/> Heat home with existing electric, propane or natural gas furnace.	
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.** Eligibility will be determined by the Air Pollution Control Officer (APCO). The APCO's eligibility determinations are final.

Applicant Signature: _____ Pre-Approval Date: _____ AQMD pre-approval signature: _____

II. BUILDING PERMIT					
Permit Number:	<input type="checkbox"/> El Dorado County (\$132) (530) 621-5315	<input type="checkbox"/> City of Placerville (\$96) (530) 642-5240	<input type="checkbox"/> City of South Lake Tahoe (\$132) (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)	\$599.99	\$900.00		
	Removal of old wood burning stove (or fireplace if approved by AQMD) and replacement with electric, natural gas or propane appliance.	\$599.99	\$900.00		
	Removal of old wood burning stove. Replacement with new EPA certified wood burning device (pellet, woodstove, fireplace insert)	\$500.00	\$800.00		

Authorized By: _____ Date: _____

TOTAL: _____

Building permit is:

via Journal Entry
 Paid by AQMD
 Paid to Applicant
 Not Required