



Application for: Authority to Construct Permit to Operate Support Request

County of El Dorado Air Quality Management District
330 Fair Lane, Placerville, CA 95667
Phone: (530) 621-6662
Fax: (530) 295-2774
www.edcgov.us/AirQualityManagement

RESPONSIBLE COMPANY or OPERATOR	<i>Company/Operator (Please Print or Type)</i>		<i>Contact</i>	
	<i>Mailing Address</i>		<i>Title</i>	
	<i>City, State & ZIP Code</i>		<i>Phone</i>	
	<i>Federal ID Number or SS Number</i>		<i>E-Mail Address</i>	
FACILITY LOCATION	<i>Name of Facility</i>		<i>Facility Contact</i>	
	<i>Street Address</i>		<i>Title</i>	
	<i>City</i>		<i>Phone</i>	
Send bill(s), permits and correspondences to:			<input type="checkbox"/> Responsible Company/Operator <input type="checkbox"/> Facility Location	
Type of Application (Check appropriate boxes) <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> New Facility <input type="checkbox"/> Modification of Existing Facility or Equipment <input type="checkbox"/> Change of Ownership Existing Permit # _____ </div> <div style="width: 48%;"> <input type="checkbox"/> Emission Reduction Credit <input type="checkbox"/> AQMD Support Request <input type="checkbox"/> Miscellaneous (explain below) </div> </div>				
Is the facility location within 1000 feet from the boundary of a K-12 school?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Equipment Schedule of Operation		Hours/day:	Days/week:	Weeks/year:
Estimated Construction Start Date:		Estimated Completion Date:		Estimated Start-up Date:
Description of Project/Request (Attach supplemental forms and/or detailed equipment/emission information):				
Information submitted to obtain an Authority to Construct/Permit to Operate is public information unless specifically marked as trade secret or confidential by the applicant. Emission data is subject to disclosure regardless of any claim of trade secret or confidentiality.				
Signature of Responsible Official/Person: The Responsible Official/Person is the individual with the authority to certify this source will comply with all District requirements and conditions set forth in the permit and the Rules and Regulations of El Dorado County. I certify all information contained herein and submitted with this application is true, accurate and complete.				
Signature: _____		Date: _____		
Printed Name: _____		Title: _____		
DATE STAMP	FOR EL DORADO COUNTY AQMD USE ONLY			
	AC No.: _____ PO No.: _____		APPLICATION APPROVED	
			DATE _____	ENGINEER'S INITIALS _____
	AC No.: _____ PO No.: _____		APPLICATION DENIED	
DATE _____			ENGINEER'S INITIALS _____	