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. Mailing Address:

   STREET/P.O. BOX: ______________________________  9-DIGIT ZIP CODE: ______
   CITY: ______________________________  STATE: ______________________________

2. Location Where the Equipment Will Be Operated:

   STREET: ______________________________  CITY: ______________________________
   SECTION: _____  TOWNSHIP: _____  RANGE: _____

3. General Nature of Business:

   INSTALL DATE: ______________________________

4. Title V Permit Holders Only: Do you request a COC (EPA Review) prior to receiving your ATC?

   [ ] YES  [ ] 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.

   [ ] 3-day review  [ ] 10-day review  [ ] No review requested

8. Have you ever applied for an ATC or PTO in the past?

   [ ] YES  [ ] NO

9. Have all necessary land-use authorizations been obtained?

   If “NO” is checked, please attach explanation.

   [ ] YES  [ ] NO

10. Is this application submitted as the result of either a notice of violation or a notice to comply?

    If yes, NOV/NTC #:

    [ ] YES  [ ] NO

11. Check whether you are a participant in either of these voluntary programs:

    - “SPARE THE AIR”
    - “INSPECT”

    [ ] Yes  [ ] No  [ ] Send info

12. Type or print name of applicant:

    TITLE OF APPLICANT:

    PHONE #: ( )  FAX #: ( )  E-MAIL:

13. Signature of applicant:

    DATE: ______________________________

FOR APCD USE ONLY:

DATE STAMP: ______________________________

FILING FEE: $ ______________________________  CHECK #: ______________________________

DATE PAID: ______________________________  PROJECT #: ______________________________  FACILITY ID: ______________________________