

Butte County AIR QUALITY MANAGEMENT DISTRICT

629 ENTLER AVENUE, SUITE 15 CHICO, CALIFORNIA 95928
TELEPHONE: (530) 332-9400 FAX: (530) 332-9417

PREVENTION OF SIGNIFICANT DETERIORATION (PSD) PERMIT APPLICATION

1. APPLICATION TYPE AND FILING FEE: (See attached Instruction Sheet for more details.)

- Initial PSD Permit for a Major Source \$1,000**
- Mandatory Re-Opening \$1,000**
- PSD Permit Renewal \$1,000**
- Significant Permit Modification \$1,000** (List PSD Permit No.: _____)

Please Note: In accordance with Rule 515—PSD Permit Fees, additional fees will be assessed at the time of permit issuance. All fees are non-refundable.

2. CONTACT INFORMATION (Please type or print)

RESPONSIBLE COMPANY (OWNER/OPERATOR)	Company/Operator Name:	Contact Person & Title:	
	Mailing Address:	Phone : () ____-____	Facsimile: () ____-____
	City, State, Zip:	E-Mail Address:	
	Employer Identification Number: __ _ - __ _	Standard Industrial Classification Code (If Known):	
	Type of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Government <input type="checkbox"/> Corporation <input type="checkbox"/> Wholly-owned Subsidiary <input type="checkbox"/> Other: _____		
FACILITY LOCATION	Name of Facility:	Contact Person & Title:	
	Street Address:	E- Mail Address:	
	City, State, Zip:	Phone : () ____-____	Facsimile: () ____-____
CONTRACTOR INFORMATION	Name of Contractor (If applicable):	Contact Person & Title:	
	Street Address:	E-Mail Address:	
	City, State, Zip:	Phone : () ____-____	Facsimile: () ____-____

Send Invoice to:

Responsible Company (Owner/Operator) Facility Location Contractor Other (Specify) _____

Send copies of permit and correspondence to:

Responsible Company (Owner/Operator) Facility Location Contractor Other (Specify) _____

BCAQMD USE ONLY	RECEIPT NUMBER:	DATE RECEIVED:
AMOUNT RECEIVED:	APPLICATION NO:	

3. PROJECT INFORMATION:

Project Name:

Project Type:

Description of Equipment to be Installed or Activity to be Performed:

4. Supplemental Information Attached? No Yes Please refer to the attached guidance on information needed for a complete PSD application.

5. Has work on this project begun or has the project been completed? No Yes *****Please Initial:** _____

6. Are all major stationary sources (emissions more than 100 tons per year) owned or operated by applicant in California in compliance with all air pollution rules and regulations?
 No Yes N/A
If not in compliance above, is (are) the source(s) on a “schedule for compliance” with all applicable emission limitations and standards? No Yes

7. *By signing, I hereby authorize the Butte County Air Quality Management District (District) to begin processing this application. I agree to pay any and all fees required by District Rules for receiving, processing and evaluating this application and for the issuance of any Prevention of Significant Deterioration Permit, including District costs incurred if the project is terminated or abandoned, or the permit is denied. By signing, I further agree to indemnify, defend and hold the District harmless and free and clear from and against any liability, debt, obligation, claim, judgment, action, cause of action or cost or expense, of any amount and nature whatsoever, incurred by or imposed upon District as a result of, related to or in any way in connection with the District’s issuance of this permit or with any activity of the District related to this permit, all pursuant to District Rule 515, Section 4.*

Name of Contractor (Print): _____ Title: _____

Signature: _____ Date: _____

And/or,

Name of Responsible Official (Print): _____ Title: _____

Signature: _____ Date: _____