PETITION FOR EMERGENCY VARIANCE

BEFORE THE HEARING BOARD OF THE

SAN JOAQUIN VALLEY UNIFIED AIR POLLUTION CONTROL DISTRICT

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Northern Region Office4800 Enterprise WayModesto, CA 95356(209) 557-6440 |  | [ ]  | Central Region Office1990 E. Gettysburg Ave.Fresno, CA 93726(559) 230-5950 |  | [ ]  | Southern Region Office34946 Flyover Court Bakersfield, CA 93308(661) 392-5540 |

*The Fee for an emergency variance is $263 and is non-refundable. It can be paid by credit card, check, or cash and should be paid at the time of filing of the petition. At the latest, payment must be paid within five business days from the date of the Hearing.*

Please hand deliver or email this form tovariance@valleyair.orgor FAX it to(559) 230-6062

|  |  |  |
| --- | --- | --- |
| A. | NAME OF FACILITY: |       |
|  | FACILITY LOCATION OR STREET ADDRESS: |       |
|  | CITY: |       | STATE: |      | ZIP CODE: |       |
|  | NAME OF PERSON KNOWLEDGEABLE ABOUT THIS VARIANCE REQUEST: |       |
|  | TELEPHONE: |       | E-MAIL: |       |
|  | STRUCTURE OF ENTITY (CORPORATION, INDIVIDUAL, PARTNERSHIP, LIMITED LIABILITY COMPANY, ETC.): |       |
|  |  |  |
| B. | MAILING ADDRESS OF FACILITY: |       |
|  | CITY: |       | STATE: |      | ZIP CODE: |       |
|  | \*NAME OF PERSON AUTHORIZED TO RECEIVE NOTICES: |       |
|  | \**Title V sources must submit a certification of Truth, Accuracy, and Completeness before the petition is heard.* |

|  |  |
| --- | --- |
| 1. | Describe the type of business conducted at your facility. |
|  |       |

|  |  |
| --- | --- |
| 2. | Why is it beyond your reasonable control to comply with the rules and/or permit conditions? |
|  |       |

|  |  |
| --- | --- |
| 3. | Why does this constitute an emergency? |
|  |       |

|  |  |
| --- | --- |
| 4. | Please list all the District permits and the corresponding permit conditions for which you are requesting variance protection and explain how you are violating, or will violate the condition(s). Please ensure to list the most current version(s) including any Authority to Construct if operating under one. If voluminous, please attach on a separate page. |
|  |       |

|  |  |
| --- | --- |
| 5. | What would be the harm to your business if the variance were not granted? Include business closure, economic losses in dollar amounts, breach of contracts, hardships on customers, employee lay-offs, loss of market share to competitors, etc. |
|  |       |

|  |  |
| --- | --- |
| 6. | What is the estimated date of compliance and how will compliance be achieved? |
|  |       |

|  |  |
| --- | --- |
| 7. | Please estimate the amount of excess emissions that will occur over the duration of the variance period. |
|  |       |

|  |  |
| --- | --- |
| 8. | How will you reduce excess emissions over the duration of the variance period? |
|  |       |

You will be contacted by a member of the Compliance Department for additional information and to schedule the time and date of the emergency Hearing.

*In accordance with State Law, the District will provide assistance to small businesses in preparing and filing the petition for the hearing. Small business has the same meaning as defined in the Small Business Administration, except that no stationary source which is a major source can be a small business.*

**San Joaquin Valley**

**Unified Air Pollution Control District**

**Certification of Truth and Accuracy**

*(For Title V Permit holders only)*

|  |  |
| --- | --- |
| Company Name:  | Facility ID: |

I declare, under penalty of perjury under the laws of the state of California that based on information and belief formed after reasonable inquiry, the statements and information provided in the document are true, accurate, and complete:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Responsible Official Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Responsible Official (please print)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Title of Responsible Official (please print)

Please email this form tovariance@valleyair.orgor FAX it to(559) 230-6062 if it is coming in separate from the petition.