Checklist for Permit Applications:

To avoid unnecessary delays, please review the following checklist before submitting your Authority to Construct/Permit to Operate application.

<table>
<thead>
<tr>
<th>✅</th>
<th>Include in Authority to Construct/Permit to Operate Application</th>
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</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>1. Facility name, mailing address, signed application, contact name &amp; contact phone number identified.</td>
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<td>[ ]</td>
<td>2. Project street address/location.</td>
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<tr>
<td>[ ]</td>
<td>3. Vicinity map.</td>
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<tr>
<td>[ ]</td>
<td>4. Equipment listing (including list of electric motors with hp rating)</td>
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<tr>
<td>[ ]</td>
<td>5. Short project description including a process flow schematic identifying emission points.</td>
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<td>[ ]</td>
<td>6. Process parameters (describe throughout, operating schedule, fuel rate, raw material usage, etc.).</td>
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<td>[ ]</td>
<td>7. Identify control equipment/technology.</td>
</tr>
<tr>
<td>[ ]</td>
<td>8. Any applicable supplemental application forms. Supplemental application forms can be found here: <a href="http://www.valleyair.org/busind/pto/ptoforms/1ptoformidx.htm">http://www.valleyair.org/busind/pto/ptoforms/1ptoformidx.htm</a></td>
</tr>
<tr>
<td>[ ]</td>
<td>9. Any additional information required to calculate emissions.</td>
</tr>
<tr>
<td>[ ]</td>
<td>10. $71 filing fee for each permit unit</td>
</tr>
</tbody>
</table>

A more comprehensive application “completeness” checklist can be found here:


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. PERMIT TO BE ISSUED TO:

2. MAILING ADDRESS:

   STREET/P.O. BOX: ____________________________
   CITY: ________________________________________ STATE: ______ 9-DIGIT ZIP CODE: ________

3. LOCATION WHERE THE EQUIPMENT WILL BE OPERATED:

   STREET: __________ CITY: __________
   ¼ SECTION __________ TOWNSHIP __________ RANGE __________
   WITHIN 1,000 FT OF A SCHOOL? [ ] YES [ ] NO

4. GENERAL NATURE OF BUSINESS:

   S.I.C. CODE(S) OF FACILITY
   (If known):

5. TITLE V PERMIT HOLDERS ONLY: Do you request a COC (EPA Review) prior to receiving your ATC

   [ ] YES If yes, please complete and attach a Compliance Certification form (TVFORM-009)?
   [ ] NO

6. DESCRIPTION OF EQUIPMENT OR MODIFICATION FOR WHICH APPLICATION IS MADE

   (Please include Permit #’s if known, a Supplemental Application Form if available, and use additional sheets if necessary)

   EQUIPMENT INSTALLATION or MODIFICATION DATE: __________________________

7. PERMIT REVIEW PERIOD: Do you request a three- or ten-day period to review the draft Authority to Construct permit?

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

8. HAVE YOU EVER APPLIED FOR AN ATC OR PTO IN THE PAST?

   [ ] YES If yes, ATC/PTO #: ________________
   [ ] NO

9. IS THIS APPLICATION FOR THE CONSTRUCTION OF A NEW FACILITY?

   [ ] YES If “Yes”, please complete the CEQA Information form.
   [ ] NO If “No”, is the proposed equipment or project allowed:
     - by the current Conditional Use Permit or other Land Use Permit? [ ] YES [ ] NO
     - or by Right? [ ] YES [ ] NO

10. IS THIS APPLICATION SUBMITTED AS THE RESULT OF EITHER A NOTICE OF VIOLATION OR A NOTICE TO COMPLY?

    [ ] YES If yes, NOV/NTC #: ________________
    [ ] NO

11. DO YOU WANT TO RECEIVE INFORMATION ABOUT EITHER OF THE FOLLOWING VOLUNTARY PROGRAMS?

    [ ] “HEALTHY AIR LIVING (HAL) BUSINESS PARTNER”
    [ ] “INSPECT”

12. TYPE OR PRINT NAME OF APPLICANT:

    TITLE OF APPLICANT:

13. SIGNATURE OF APPLICANT: DATE: PHONE #: CELL PHONE #: FAX #: E-MAIL:

FOR APCD USE ONLY:

DATE STAMP: FILING FEE RECEIVED: $ ______________________ CHECK #: ______________________

DATE PAID: ______________________ PROJECT #: ______________________

FACILITY ID: ______________________