



# San Joaquin Valley Air Pollution Control District

[www.valleyair.org](http://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: _____  _____/4 SECTION _____ TOWNSHIP _____ RANGE _____		WITHIN 1,000 FT OF A SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO  S.I.C. CODE(S) OF FACILITY (If known):
4. GENERAL NATURE OF BUSINESS:		INSTALL DATE:
5. TITLE V PERMIT HOLDERS ONLY: Do you request a COC (EPA Review) prior to receiving your ATC (If yes, please complete and attach a Compliance Certification form (TVFORM-009)? <input type="checkbox"/> YES <input type="checkbox"/> 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. <input type="checkbox"/> 3-day review <input type="checkbox"/> 10-day review <input type="checkbox"/> No review requested		
8. HAVE YOU EVER APPLIED FOR AN ATC OR PTO IN THE PAST? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, ATC/PTO #: _____	9. IS THIS APPLICATION FOR THE CONSTRUCTION OF A NEW FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes" is checked, please complete the CEQA Information form)	<b>Optional Section</b> 11. DO YOU WANT TO RECEIVE INFORMATION ABOUT EITHER OF THE FOLLOWING VOLUNTARY PROGRAMS?  <input type="checkbox"/> "HEALTHY AIR LIVING (HAL) BUSINESS PARTNER"   <input type="checkbox"/> "INSPECT" 
10. IS THIS APPLICATION SUBMITTED AS THE RESULT OF EITHER A NOTICE OF VIOLATION OR A NOTICE TO COMPLY? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, NOV/NTC #: _____		
12. TYPE OR PRINT NAME OF APPLICANT:	TITLE OF APPLICANT:	
13. SIGNATURE OF APPLICANT: _____ DATE: _____	PHONE #: ( ) _____ FAX #: ( ) _____ E-MAIL: _____	

### FOR APCD USE ONLY:

DATE STAMP:	FILING FEE RECEIVED: \$ _____ CHECK #: _____
	DATE PAID: _____
	PROJECT #: _____ FACILITY ID: _____