|  |
| --- |
| ***24580 Silver Cloud CourtMonterey, CA 93940PHONE: (831) 647-9411*** ***Serving Monterey, San Benito, and Santa Cruz Counties*** |

|  |
| --- |
| **Application for Synthetic Minor Operating Permit**This application form is to be used for all initial applications for synthetic minor operating permits, as well as for applications to modify synthetic minor operating permits. Note: if a proposed modification would increase emissions above any threshold for a major facility, then the facility must apply for an authority to construct and must apply for a Major Facility Title V Permit in accordance with District Rule 218.* A filing fee and all applicable permit fee(s) as determined using APCD Form 400 must accompany each application.
* Fees must be paid by check, money order or credit cards. Credit cards are only accepted through our website via govpaynet.com, or 1-888-561-7888.
 |
| **1. PERMIT TO BE ISSUED TO:** (Business License Name of Corporation, Company, Individual Owner, or Governmental Agency that is to operate equipment.) |
| **2. DOING BUSINESS AS (DBA):**  |
| **3. APPLICANT INFORMATION**  |
| Name: | Title: |
| Phone number: ( ) | Cell number: ( ) |
| Email address: |
| Address: |
| City:  | State: | Zip Code: |
| **4. BILLING CONTACT INFORMATION:** (If different from applicant, the business/organization/person who will be billed for possible additional fees and permit to operate.) |
| Business/organization/person Name: |
| Phone number: ( ) |
| Address: |
| City: | State: | Zip Code: |
| Email address: |
| **5. SITE CONTACT INFORMATION:** (If different from the applicant, the person who oversees equipment and can help answer District questions regarding the application.) |
| Name: |
| Phone number: ( ) | Cell number: ( ) |
| E-mail address: |
| **6. FACILITY INFORMATION:** (Facility location address) |
| SIC Code: | Number of Permitted Operations: |
| **Parcel Number where Equipment Located (APN**): (The parcel number can be obtained from property tax documents or from the city/county where equipment located.) |
| Please provide one of the following: (Look-up location using an online mapping tool such as Google Earth.)UTM Coordinates: \_\_\_\_\_\_\_\_\_\_ Northing \_\_\_\_\_\_\_\_\_\_ EastingDecimal Degrees: \_\_\_\_\_\_\_\_\_\_ Latitude \_\_\_\_\_\_\_\_\_\_ Longitude |
| **PRESENT STATUS** (Check all that apply) |
| [ ]  Initial Application for Synthetic Minor Permit [ ] Emission Factors Revised[ ]  Application for New or Modified Source(s) [ ] Establishes New Federally Enforceable Condition[ ]  Revisions to Existing Federally Enforceable Conditions [ ] Banking[ ]  Revisions to Existing Non-Fed. Enforceable Conditions [ ] Existing Unpermitted Source(s) |
| **The following items must be enclosed:*** Facility Wide Emissions Summary • Proposed Permit Conditions1
* List of Exempt Sources • Proposed Record-keeping Requirements2
* Emission Calculations (Include Actual and • Source Offsets (if applicable)

Potential to Emit Emissions for Permitted &Exempt Operations)1 Permit conditions must include any necessary restrictions on operations such that the facility wide emissions will be no greater than 95 tons per year of any regulated air pollutant, no greater than 9 tons per year of any single hazardous air pollutant and no greater than 23 tons per year of any combination of hazardous air pollutants.2 Reporting requirements must be sufficient to determine ongoing compliance.**In addition to the above, applications for new and modified sources must include the following:*** Project Description and Flow Diagram • Mfr.’s Equipment Description & Data
* District Supplemental Application Forms
 |
| **7. REQUEST FOR APPLICATION PROCESSING** |
| * I hereby request that the District begin processing this application.
* I agree to pay any and all fees required by District rules for processing this application and  for the issuance of any permit to operate or authority to construct.
* I agree that the obligation to compensate the District for time spent processing my application exists even if I abandon this project and withdraw my application or should my application subsequently be disapproved.
 |
|   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of responsible Official, Partner or Sole Proprietor of Business/Organization |
| Type or print the name and official title of the person signing the application: |
| Name: Title: Date: |