



# AIR POLLUTION CONTROL DISTRICT

150 S 9th Street  
El Centro, CA 92243  
P. 442.265.1800  
F. 442.265.1799

## APPLICATION FOR

Authority to Construction  
New  
Amendment

Permit to Operate  
Transfer of Ownership  
Relocation  
Name change

Emission Credit Banking  
Change of Permit Conditions  
Equipment Modification or Addition

## PERMIT NUMBER (if any) \_\_\_\_\_

1. Name of Applicant \_\_\_\_\_ 2. Responsible Person \_\_\_\_\_

3. Mailing Address \_\_\_\_\_ 4. Title \_\_\_\_\_

5. City _____	State _____	Zip Code _____	6. Phone _____	Cell Phone _____
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7. Type of Organization (Corp., Government, Individual, etc.) \_\_\_\_\_

8. Brief Description of Project/Activity \_\_\_\_\_

9. Location of Project/Activity \_\_\_\_\_

10. Property Owner \_\_\_\_\_

11. Person in Charge at Location _____	12. Title _____	13. Phone Number _____
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14. Anticipated Date of Construction Start _____	15. Anticipated Life of Project Completion _____
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16. Estimated Emissions For largest single pollutant _____	Uncontrolled lbs/day _____	Controlled lbs/day _____
Total for all emissions _____		

17. Other Permits Have Been or Will be Obtained From: \_\_\_\_\_

18. Plot plans, flow charts, calculations, equipment description and other information required by "List and Criteria" attached.

19. The information previously submitted with \_\_\_\_\_ is still valid and no changes have been made except as shown on attachment.

20. Request for confidential handling of attached.

21. Total pages attached \_\_\_\_\_

**"I am familiar with the Rules and Regulations of the Imperial County Air Pollution Control District and I certify that the operation of the plant and/or equipment which is subject to the application will comply with said Rules and Regulations."**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Responsible Person

<b>OFFICE USE ONLY</b> All payments must be made by Check or Money Order. Cash will not be accepted. An application fee of \$205.00 is due upon submission of an application for 2022, Thank you.	
Date application submitted: _____	Amount paid: _____
Received by: _____	Receipt Number: _____
Staff Comments:	