



AIR POLLUTION CONTROL DISTRICT

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

APPLICATION FOR:

AG Burn

Open Burn

- | | | | |
|-----------------------|-------|----------|--|
| 1. Business Name | _____ | | |
| 2. Responsible Person | _____ | | |
| 3. Mailing Address | _____ | | |
| 4. City | State | Zip Code | |
| 5. Office Phone | _____ | | |
| 6. Cell Phone | _____ | | |

Following section is for listing field information

Canal	Gate	Crop	Acres
_____	_____	_____	_____
Crossroads		City	
_____		_____	
Canal	Gate	Crop	Acres
_____	_____	_____	_____
Crossroads		City	
_____		_____	

See attachment for sketch or further information.

I hereby certify that: I am the owner or manager of the land on which burning will be done pursuant to this permit. I will notify the Air District prior to burning in accordance with the regulations. I certify that the burning is necessary because:

Signature of Responsible Person

Date

**Filing fee due upon submittal. This office only accepts checks and money orders.
For the Open Burn Fee refer to Rule 301 subsection A. For the AG Burn Fee refer to Rule 306.
OFFICE USE ONLY**

Date application submitted: _____

Amount paid: _____

Received by: _____

Receipt number: _____



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Additional field information.

Canal	Gate
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Crossroads

Canal	Gate
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Crossroads

Canal	Gate
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Crossroads

Canal	Gate
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Crossroads

Canal	Gate
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Crossroads

Canal	Gate
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Crossroads

Canal	Gate
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Crossroads

Crop	Acres
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City

Crop	Acres
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City

Crop	Acres
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City

Crop	Acres
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City

Crop	Acres
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City

Crop	Acres
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City

Crop	Acres
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City
