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

AIR POLLUTION CONTROL DISTRICT

APPLICATION FOR:

- ☐ Authority to Construct
- ☐ New
- ☐ Amendment
- ☐ Permit to Operate
- ☐ Transfer of Ownership
- ☐ Relocation
- ☐ Name Change
- ☐ Emission Credit Banking
- ☐ Change of Permit Conditions
- ☐ Equipment Modification or

An application fee of $241.00 is due upon submission of an application for 2027. Cash not accepted.

PERMIT NUMBER (if any) _____

Lines 1-8 are Permit Holders Information

1) Name of Applicant (Business) _____

2) Primary Contact for Business _____

3) Mailing Address _____

4) Title _____

5) City _____ State _____ Zip Code _____

6) Business Phone _____ Primary Contact Cell Phone _____

7) Type of Organization (Corp., Government, Individual, etc.) _____

8) Email Address (Primary Contact) _____

9) Physical Address _____

10) Contractor Name (if Applicable) _____

11) Phone Number _____

12) Brief Description of Project/Activity _____

13) Person in Charge at Location _____

14) Title _____

15) Phone Number _____

16) Anticipated Date of Construction _____

Start _____

17) Anticipated Life of Project _____

Completion _____

18) Estimated Emissions

	Uncontrolled lbs/day	Controlled lbs/day
For largest single pollutant		
Total for all emissions		

19) Other Permits Have Been or Will be Obtained From: _____

20) ☐ Plot plans, flow charts, calculations, equipment description and other information required by "List and Critieria" attached.

21) ☐ The information previously submitted with _____ is still valid and no changes have been made except as shown on attachment.

22) ☐ Request for confidential handling of attached.

23) ☐ 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

OFFICE USE ONLY:

Date application submitted: _____ **Amount paid:** _____

Received by: _____ **Receipt Number:** _____

Staff Comments: