

**MONTEREY BAY UNIFIED AIR POLLUTION CONTROL DISTRICT**  
 24580 SILVER CLOUD COURT  
 MONTEREY, CALIFORNIA 93940 (831) 647-9411 FAX (831) 647-8501

**APPLICATION FOR AUTHORITY TO CONSTRUCT AND PERMIT TO OPERATE**

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 OR MONEY ORDER.

1. Permit to be issued to:

(Business License Name of Corporation, Company, Individual Owner, or Governmental Agency that is to operate the equipment)

2. DBA (Doing Business As):

3. Mailing Address:

Telephone Number:

Fax Number:

Street

City

Zip Code

4. General Nature of Business:

5. Pursuant to the provisions of the Health and Safety Code of the State of California and the Rules and Regulations of the Air Pollution Control District, application is hereby made to CONSTRUCT AND USE OR OPERATE the following equipment: (Attach separate sheets if necessary)

6. Address at which the above described equipment is to be operated:

Street

City

7. Is the proposed equipment located within **1000** feet of a school site?

YES  NO

8. Does the project include the wrecking, removal or replacement of any load bearing members?

YES  NO

9. PRESENT STATUS OF EQUIPMENT (Check and complete applicable items):

Not Started  Partly Completed  Completed

EQUIPMENT ALTERATION

Not Started  Partly Completed  Completed

TRANSFER OF LOCATION

Estimated Starting Date

Estimated Completion Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. I hereby request that the Monterey Bay Unified Air Pollution Control 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 Organization: \_\_\_\_\_

11. Type or print name and official title of person signing this application:

NAME

TITLE

DATE

DATE STAMP

APPLICATION NUMBER

PREVIOUS PERMIT NUMBER

PREVIOUS PERMITTEE

ANNUAL RENEWAL DATE