



North Coast Unified Air
Quality Management District
707 L Street
Eureka, CA 95501
(707) 443-3093

APPLICATION FORM 1300

Authority To Construct, Modification of Existing Permit,
Permit Renewal, and Change of Ownership or Location

(Depending upon the source type, additional forms may be required –
see Section VII)

Section I – Application Request

This application is for the purpose of (check all that apply):

- New Construction Modification of Equipment or Permit Conditions Change of Location
 Change of Permittee/Owner Existing Equipment Without a Permit Title V Permit Renewal

Estimated construction start date:

Estimated construction completion date:

Section II – Owner / Operator / Responsible Official

Legal name of Owner/Operator:

Legal name of Responsible Official (if different than listed above):

Company mailing address:

City/State:

Zip:

Permit mailing address (if different from company mailing address):

City/State:

Zip:

Contact person:

Title:

Contact person's phone number:

Contact person's fax number:

Contact person's email address:

Are you the owner of the equipment under this application? yes no

If no, enter the your company's name (see section IX):

Section III – Facility Information

Facility name:

Facility physical address:

City/State:

Zip:

Type of business at this
address:

Primary Standard Industrial Code (SIC) for this facility:

Number of
employees at this
facility:

(Internet search: <http://www.osha.gov/oshstats/sicser.html>)

DISTRICT USE ONLY	TRACKING #	SIC/SCC CODES	PERMIT REVIEW	PERMIT REVIEW
FEE SCHEDULE:		CHECK/MONEY ORDER #	AMOUNT:	
			\$	

Section IV – Facility Location

Detailed driving directions from nearest California town (attach roadmap if necessary):
Facility is _____ (distance) miles _____ (direction) of _____ (nearest town)

Status of land at facility (check one): Private Tribe/Rancheria Government

Name of nearest Class 1 area to the facility (see map on page 4): _____

Is your facility boundary within 10 km of the boundary of nearest Class 1 area? (see map) yes no

Distance to the nearest occupied residence or business: _____ ft. K-12 school _____ ft.

Is emission generating equipment within 1,000 feet of the outer boundary of a school? yes no

If yes, complete for all public or private schools, grade K-12, within a ¼ mile radius of facility property.

School name(s): _____

Address(es): _____

Phone(s): _____

Section V – Applicable Laws, Regulations, and Existing Permits

Does this facility have a District permit(s)? yes no If yes, the permit number is: _____

Does this facility have a Title V permit(s)? yes no If yes, submit Form 1313.

A) Is this a "major source" under Title V of the federal Clean Air Act? (District Rule 501) yes no unsure

B) Is this source subject to a federal NSPS or NESHAP/MACT? (District Rule 104) yes no unsure

C) Is this a significant net increase in emissions? (District Rule 110 Section E) yes no unsure

D) Is this application in response to a Notice of Violation (NOV) or a Notice to Apply (NTA)? Yes No
If yes, date: _____ Tracking# _____

If you answered "yes" or "unsure" to A, B, C, or D, contact the District to see if a pre-application meeting is required.

Section VI - Other Information

Does this facility emit any substance listed pursuant to Section 44321 of the Health and Safety Code? yes no If yes, contact District Staff to determine if a health risk assessment is required.

Is this project subject to the California Environmental Quality Act (CEQA)? yes no
Conditional Use Permit? List ID # and Issuing Agency: _____

Is there any information requested by this application that might be considered to be "trade secrets" that you don't wish to make public? yes no

If yes, attach documentation to describe and support your claim.

This question must be answered for all applications for new construction or significant modifications. Are all major sources under same ownership in California in compliance with federal, State, and local air pollution control rules? Yes No N/A

Section VII – Emission Device / Source Description – Supplemental Information

Indicate the type of device by marking the box. For each type of device used, complete the corresponding form. 1300 B is required for all devices except Fuel Dispensing and Storage Equipment – Form 1306.

- | | |
|---|--|
| <input type="checkbox"/> 1300 A (Reserved) | <input type="checkbox"/> 1307 Vapor Extraction Projects |
| <input type="checkbox"/> 1300 B Emissions, Fuel and Process Materials | <input type="checkbox"/> 1308 Miscellaneous Devices |
| <input type="checkbox"/> 1301 Internal Combustion Equipment | <input type="checkbox"/> 1309 Aggregate Plant |
| <input type="checkbox"/> 1302 External Combustion Equipment | <input type="checkbox"/> 1310 Hot Mix Asphalt Plant |
| <input type="checkbox"/> 1303 Particulate Matter (PM10) Control Equipment | <input type="checkbox"/> 1311 Reserved |
| <input type="checkbox"/> 1304 Volatile Organic Compound Control Equip. | <input type="checkbox"/> 1312 Gasoline Bulk Storage Facility |
| <input type="checkbox"/> 1305 Scrubber | <input type="checkbox"/> 1313 Title V |
| <input type="checkbox"/> 1306 Fuel Dispensing and Storage Equipment | <input type="checkbox"/> 1314 (Reserved) |

Section VIII – Equipment Description (not required if using Form 1306)

Unit No.	Source Description	Make	Manufacturer Model No.	Serial No.	Manufacture Date	Rated Capacity

Section IX – Certification

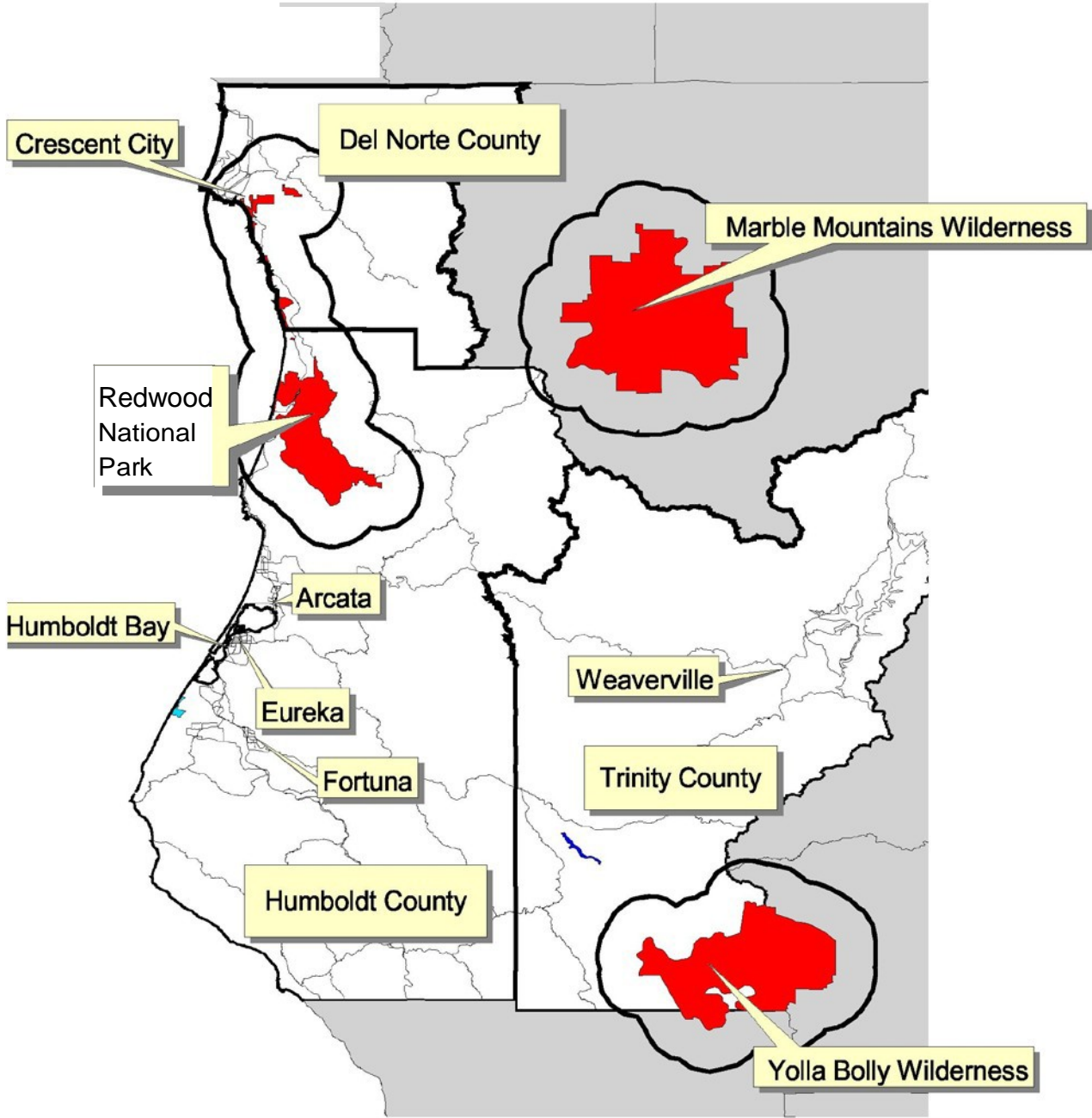
I hereby certify that all information and data provided on this application form and all supplemental District Forms, as well any technical drawings, emission calculations, or other supplemental information submitted as part of this application, are true and as accurate as possible, to the best of my knowledge and professional expertise and experience.

Signature of Preparer:	Date signed:	
Type or print name of Signatory:	Title:	Phone:

If this application was prepared by person(s) other than the owner/operator/responsible official, it is not necessary to obtain the signatures listed below. Instead, attach documentation from the owner/operator/responsible official authorizing the preparer to sign on their behalf.

Signature of Owner/Operator/Responsible Official:	Date signed:	
Type or print name of Signatory:	Title:	Phone:

CLASS I AREAS
WITH 10 KILOMETER BUFFER ZONES



Source: US EPA