



## General Permit Application Form -01

Santa Barbara County Air Pollution Control District  
260 N. San Antonio Road, Suite A  
Santa Barbara, CA 93110-1315

### 1. APPLICATION TYPE (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Authority to Construct (ATC) | <input type="checkbox"/> Transfer of Owner/Operator (use Form -01T) |
| <input type="checkbox"/> Permit to Operate (PTO)      | <input type="checkbox"/> Emission Reduction Credits                 |
| <input type="checkbox"/> ATC Modification             | <input type="checkbox"/> Increase in Production Rate or Throughput  |
| <input type="checkbox"/> PTO Modification             | <input type="checkbox"/> Decrease in Production Rate or Throughput  |
| <input type="checkbox"/> Other (Specify)              | <input type="text"/>  |

Previous ATC/PTO Number (if known)

☐ Yes ☐ No

Are Title 5 Minor Modification Forms Attached? (this applies to Title 5 sources only and applies to all application types except ATCs and Emission Reduction Credits). Complete Title 5 Form -1302 A1/A2, B, and M. Complete Title 5 Form -1302 C1/C2, D1/D2, E1/E2, F1/F2, G1/G2 as appropriate. <http://www.ourair.org/wp-content/uploads/t5-forms.pdf>

Mail or email the completed application to the APCD's Engineering Division at the address listed above or [permits@sbcapcd.org](mailto:permits@sbcapcd.org).

### 2. FILING FEE:

A \$565 application filing fee must be included with each application. The application filing fee is COLA-adjusted every July 1st. Please ensure you are remitting the correct current fee (the current fee schedule is available on the APCD's webpage at: <http://www.ourair.org/district-fees>). This filing fee will not be refunded or applied to any subsequent application. Payment may also be made by credit card by submitting the Credit Card Authorization Form found here <https://www.ourair.org/wp-content/uploads/apcd-01c.pdf> via mail or calling 805-979-8050 to pay via phone.

**Do not submit the Credit Card Authorization Form via email.**

### 3. IS YOUR PROJECT'S PROPERTY BOUNDARY LOCATED OR PROPOSED TO BE LOCATED WITHIN 1,000 FEET FROM THE OUTER BOUNDARY OF A SCHOOL? If yes, and the project results in an emissions increase, submit a completed Form -03 (School Summary Form) <http://www.ourair.org/wp-content/uploads/apcd-03.pdf>

☐ Yes ☐ No

If yes, provide the name of school(s)

Address of school(s)

City

Zip Code

### 4. DOES YOUR APPLICATION CONTAIN CONFIDENTIAL INFORMATION?

☐ Yes ☐ No

If yes, please submit with a redacted duplicate application which shall be a public document. In order to be protected from disclosure to the public, all information claimed as confidential shall be submitted in accordance with APCD Policy & Procedure 6100-020 (*Handling of Confidential Information*): <http://www.ourair.org/wp-content/uploads/6100-020.pdf>, and meet the criteria of CA Govt Code Sec 6254.7. Failure to follow required procedures for submitting confidential information, or to declare it as confidential at the time of application, shall be deemed a waiver by the applicant of the right to protect such information from public disclosure. *Note: Part 70 permit applications may contain confidential information in accordance with the above procedures, however, the content of the permit documents must be public (no redactions).*

FOR APCD USE ONLY			DATE STAMP
FID		Permit No.	
Project Name			
Filing Fee		202.E? YES / NO	

**5. COMPANY/CONTACT INFORMATION:**

<b>Owner Info</b>		<input type="radio"/> Yes <input type="radio"/> No	Use as Billing Contact?
Company Name	<input type="text"/>		
Doing Business As	<input type="text"/>		
Contact Name	<input type="text"/>	Position/Title	<input type="text"/>
Mailing Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/> Zip Code <input type="text"/>
Telephone	<input type="text"/>	Cell	<input type="text"/> Email <input type="text"/>

<b>Operator Info</b>		<input type="radio"/> Yes <input type="radio"/> No	Use as Billing Contact?
Company Name	<input type="text"/>		
Doing Business As	<input type="text"/>		
Contact Name	<input type="text"/>	Position/Title	<input type="text"/>
Mailing Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/> Zip Code <input type="text"/>
Telephone	<input type="text"/>	Cell	<input type="text"/> Email <input type="text"/>

<b>Authorized Agent Info*</b>		<input type="radio"/> Yes <input type="radio"/> No	Use as Billing Contact?
Company Name	<input type="text"/>		
Doing Business As	<input type="text"/>		
Contact Name	<input type="text"/>	Position/Title	<input type="text"/>
Mailing Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/> Zip Code <input type="text"/>
Telephone	<input type="text"/>	Cell	<input type="text"/> Email <input type="text"/>

\*Use this section if the application is not submitted by the owner/operator. Complete APCD Form -01A ( <http://www.ourair.org/wp-content/uploads/apcd-01a.pdf> ). Owner/Operator information above is still required.

<b>SEND PERMITTING CORRESPONDENCE TO</b> <i>(check all that apply):</i>	
<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
<input type="checkbox"/> Authorized Agent	<input type="checkbox"/> Other (attach mailing information)

## 6. GENERAL NATURE OF BUSINESS OR AGENCY:

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## 7. EQUIPMENT LOCATION (Address):

Specify the street address of the proposed or actual equipment location. If the location does not have a designated address, please specify the location by cross streets, or lease name, UTM coordinates, or township, range, and section.

Equipment Address					
City		State		Zip Code	
Work Site Phone					

☐ Incorporated (within city limits) ☐ Unincorporated (outside city limits) ☐ Used at Various Locations

Assessors Parcel No(s):

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## 8. PROJECT DESCRIPTION:

(Describe the equipment to be constructed, modified and/or operated or the desired change in the existing permit. Attach a separate page if needed):

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## 9. DO YOU REQUIRE A LAND USE PERMIT OR OTHER LEAD AGENCY PERMIT FOR THE PROJECT DESCRIBED IN THIS APPLICATION?: ☐ Yes ☐ No

A. If **yes**, please provide the following information

Agency Name	Permit #	Phone #	Permit Date				
<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>	

\* The lead agency is the public agency that has the principal discretionary authority to approve a project. The lead agency is responsible for determining whether the project will have a significant effect on the environment and determines what environmental review and environmental document will be necessary. The lead agency will normally be a city or county planning agency or similar, rather than the Air Pollution Control District.

B. If **yes**, has the lead agency permit application been deemed complete and is a copy of their completeness letter attached?

☐ Yes ☐ No

Please note that the APCD will not deem your application complete until the lead agency application is deemed complete.

C. If the lead agency permit application has not been deemed complete, please explain.

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D. A copy of the final lead agency permit or other discretionary approval by the lead agency may be requested by the APCD as part of our completeness review process.

## 10. PROJECT STATUS:

A. Date of Equipment Installation

B. Have you been issued a Notice of Violation (NOV) for not obtaining a permit for this equipment/modification *and/or* have you installed this equipment without the required APCD permit(s)?  
If yes, the application filing is double per Rule 210.

☐ Yes ☐ No

C. Is this application being submitted due to the loss of a Rule 202 exemption?

☐ Yes ☐ No

D. Will this project be constructed in multiple phases? If yes, attach a separate description of the nature and extent of each project phase, including the associated timing, equipment and emissions.

☐ Yes ☐ No

E. Is this application also for a change of owner/operator? If yes, please also include a completed APCD Form -01T.

☐ Yes ☐ No

## 11. APPLICANT/PREPARER STATEMENT:

The person who prepares the application also must sign the permit application. The preparer may be an employee of the owner/operator or an authorized agent (contractor/consultant) working on behalf of the owner/operator (an *Authorized Agent Form -01A* is required).

I certify pursuant to H&SC Section 42303.5 that all information contained herein and information submitted with this application is true and correct.

Signature of application preparer

Date

Print name of application preparer

Employer name

## 12. APPLICATION CHECKLIST (*check all that apply*)

- ☐ Application Filing Fee (Fee = \$565. The application filing fee is COLA adjusted every July 1st. Please ensure you are remitting the current fee.) As a convenience to applicants, the APCD will accept credit card payments. If you wish to use this payment option, please complete a *Credit Card Form-01C* <https://www.ourair.org/wp-content/uploads/apcd-01c.pdf> and submit it via mail or call 805-979-8050 to pay over the phone. **Do not submit the Credit Card Form-01C via email.**
- ☐ Existing permitted sources may request that the filing fee be deducted from their current reimbursable deposits by checking this box. Please deduct the filing fee from my existing reimbursement account.
- ☐ Form -01T (*Transfer of Owner/Operator*) attached if this application also addresses a change in owner and/or operator status from what is listed on the current permit. <http://www.ourair.org/wp-content/uploads/apcd-01t.pdf>
- ☐ Form -03 (*School Summary Form*) attached if the project's property boundary is within 1,000 feet of the outer boundary of a school (k-12) and the project results in an emissions increase. <http://www.ourair.org/wp-content/uploads/apcd-03.pdf>
- ☐ Information required by the APCD for processing the application as identified in APCD Rule 204 (*Applications*), the APCD's *General APCD Information Requirements List* (<https://www.ourair.org/wp-content/uploads/gen-info.pdf>), and any of the APCD's Process/Equipment Summary Forms (<http://www.ourair.org/permit-applications>) that apply to the project.
- ☐ Form -01A (*Authorized Agent Form*) attached if this application was prepared by and/or if correspondence is requested to be sent to an Authorized Agent (e.g., contractor or consultant). This form must accompany each application. <http://www.ourair.org/wp-content/uploads/apcd-01a.pdf>
- ☐ Confidential Information submitted according to APCD Policy & Procedure 6100-020. (*Failure to follow Policy and Procedure 6100-020 is a waiver of right to claim information as confidential.*)

### 13. NOTICE OF CERTIFICATION:

All applicants must complete the following Notice of Certification. This certification must be signed by the Authorized Company Representative representing the owner/operator. Signatures by Authorized Agents will not be accepted.

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#### NOTICE of CERTIFICATION

I, , am employed by or represent  
Type or Print Name of Authorized Company Representative

Type or Print Name of Business, Corporation, Company, Individual, or Agency

(hereinafter referred to as the applicant), and certify pursuant to H&SC Section 42303.5 that all information contained herein and information submitted with this application is true and correct and the equipment listed herein complies or can be expected to comply with said rules and regulations when operated in the manner and under the circumstances proposed. If the project fees are required to be funded by the cost reimbursement basis, as the responsible person, I agree that I will pay the Santa Barbara County Air Pollution Control District the actual recorded cost, plus administrative cost, incurred by the APCD in the processing of the application within 30 days of the billing date. If I withdraw my application, I further understand that I shall inform the APCD in writing and I will be charged for all costs incurred through closure of the APCD files on the project.

For applications submitted for Authority to Construct, modifications to existing Authority to Construct, and Authority to Construct/Permit to Operate permits, I hereby certify that all major stationary sources in the state and all stationary sources in the air basin which are owned or operated by the applicant, or by an entity controlling, controlled by, or under common control with the applicant, are in compliance, or are on approved schedule for compliance with all applicable emission limitations and standards under the Clean Air Act (42 USC 7401 *et seq.*) and all applicable emission limitations and standards which are part of the State Implementation Plan approved by the Environmental Protection Agency.

Completed By:

Title:

Date:

Phone:

Signature of Authorized Company Representative

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**PLEASE NOTE THAT FAILURE TO COMPLETELY PROVIDE ALL REQUIRED INFORMATION OR FEES WILL  
RESULT IN YOUR APPLICATION BEING RETURNED OR DEEMED INCOMPLETE.**

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