

New Residential Diesel-Fired Emergency/Standby (E/S) Engine Application Form -36

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

Complete a separate APCD Form -36 for each **new** emergency/standby engine (use Form -37 for engines installed prior to 1/1/2005). Mail the completed form(s) and a **filing fee of \$565** to the Air Pollution Control District (APCD) at the above address. The filing fee may also be paid with a credit card using APCD Form -01C. Additional assistance can be obtained by referencing to the APCD's Diesel Internal Combustion Engine webpage at http://www.ourair.org/residential-dice or by calling us at (805) 979-8050.

Purpose of Appli	cation							
O New Engin	e \bigcirc Existing I $1/1/2005$,	Engine (installed after otherwise use Form -3	Date of Installation					
Property Location	n							
○Yes ○ No	Is your property boundary located or proposed to be located within 500 feet from the school grounds (k-12)?							
If yes, provide th	e name of school	l(s)						
○ Yes ○ No	Do you hav	re the city and/or count	ty approval to install your	new engine?				
Assessors Parcel	No(s):							
Engine Information	on (Please fill	in completely. Us	e a separate form for	r each engine)				
Engine Use (chec	k all that apply)							
☐ Electrical Pov	ver	er (Describe)						
○ Yes ○ No	Is the engine	e equipped with a 4-dig	git Non-Resettable Hour N	Meter?				
Engine Data	_							
Manufacturer								
Model Name								
Model Year		Maximum	Rated Brake Horsepower	r (bhp)				
Serial Number								
EPA 12-Characte	er Family Name	*						
*Only applicable	to new engines.	Check engine nameplate	or engine manufacturer.					
	FOR .	DATE STAMP						
FID		Permit No.						
Project Name		·						
Filing Fee			DFF ? YES / NO					

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Contact and Engine Location Information

Owner Info	○ Yes ○	No Use as Bil	ling Conta	ect?		
Contact Name		Position/T	Position/Title			
Engine Location		·				
Mailing Address						
City		State		Zip Code		
Telephone	Fax		Email			
Authorized Agent Info*	○ Yes ○	No Use as Bil	ling Conta	act?		
Company Name						
Contact Name		Position/Titl		le		
Mailing Address						
City		State		Zip Code		
Telephone	Fax	·	Email			
*Use this section if the application required. http://www.ourair.org/w blicant/Preparer State The person who prepares the operator or an authorized Agent Form -01A is required.	ment ne application also magent (contractor/con	a.pdf ust sign this for	n. The pre	eparer may be a	un employee of the o	
I certify pursuant to H&SC this application is true and		all information	contained	herein and info	ormation submitted v	
Completed By		Comp	any			

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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