

Written Exemption Request Form APCD -38

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

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Request for Written Determination of Permit Exemption

As provided for under the provisions of District Rule 202 (http://www.ourair.org/wp-content/uploads/rule202.pdf), certain equipment items do not require an air quality permit pursuant to District Rule 201. To obtain a written District determination that equipment intended to be installed/operated is exempt from Rule 201 permit requirements, please complete this form and return it to the above address with the applicable one-time only processing fee of \$862. Please note that the District's right to charge this fee is found in Rule 210.II.B; the fee amount is specified in Schedule F (item 11). Requests submitted with the required filing fee will be handled as quickly as possible. If your request for written determination is submitted without this fee, the District will return this request to you without action. , am employed by or represent (Type or Print Name) (Type or Print Name of Business, Corporation, Co., Individual, or Agency) and hereby submit an Exemption Request for (specify equipment/process): **Current or Previous Permit Number (if any):** The equipment listed above meets the requirements for the exemption indicated in Rule (Indicate the complete Rule #): 202. _____, as listed on page ____, for the following reasons (Indicate the applicable equipment parameters relative to the exemption. Use a separate sheet if necessary.): In order to process the exemption, submit the following additional information with your request: ☐ Full process description including process flow diagram and site diagram. ☐ Operational data (e.g. operating schedule, usage rates, engine rating, Btu/hr rating, storage capacity, etc.). ☐ Emission calculations and basis. ☐ Supporting documentation (e.g. MSDS, manufacturer data sheets, etc.). *I certify that all the information herein is true and correct.* Signature: _____ Title: _____ Date: _____ Phone: _____ e-mail: ____ Facility Address: Mailing Address:____ FOR APCD USE ONLY **DATE STAMP** FID Exempt No.

Filing Fee

Project Name