



EASTERN KERN AIR POLLUTION CONTROL DISTRICT

2700 "M" STREET SUITE 302, BAKERSFIELD, CA 93301-2370

PHONE: (661) 862-5250 • FAX: (661) 862-5251 • www.kernair.org

APPLICATION FOR AUTHORITY TO CONSTRUCT, PERMIT TO OPERATE, EXEMPTION, AND BANKING CERTIFICATE

Operator Information

Business Name to Appear on Permit:		Owner's Name:		Phone No:	
Mailing Address:			Business E-mail Address:		
City:	State:	Zip:	Fax No:		

Equipment Location

Street Address:		City:	Zip:
General Nature of Business:			S.I.C. CODE(S) <i>If Known</i> :
Assessors' Parcel No: _____ OR _____/4 SECTION _____ TOWNSHIP _____ RANGE _____			

Application Type

See ATC/PTO Instructions for appropriate filing fee

<input type="checkbox"/> Authority To Construct (ATC)	<input type="checkbox"/> Permit To Operate (PTO)	<input type="checkbox"/> Exemption
<input type="checkbox"/> ATC – Modification	<input type="checkbox"/> PTO – Modification	<input type="checkbox"/> Exemption Renewal
<input type="checkbox"/> ATC – Renewal	<input type="checkbox"/> PTO – Transfer of Ownership	<input type="checkbox"/> Banking Certificate
<input type="checkbox"/> Transfer of Location	<input type="checkbox"/> Change of Business Name	

Description of Equipment or Modification for which application is made (include Permit #'s if known)

<p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Use Additional Sheets if Necessary</p>

Check all that apply

Is this Facility within 1,000 feet of the outer boundary of a school? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have all necessary land-use authorizations been obtained? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO" attach explanation)
Is there any other equipment in the EKAPCD jurisdiction operated by the same operator? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is this application being submitted as the result of a Notice of Violation or Notice to Comply? <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, NOV/NTC #: _____
Is this equipment portable AND will it be operated at different locations within EKAPCD jurisdiction? <input type="checkbox"/> YES <input type="checkbox"/> NO

Print Contact Name: _____ Consultant? YES NO If YES, please attach Assignment of Agent

Title: _____ Phone: _____ E-Mail Address: _____

Signature: _____ Date: _____

DATE RECEIVED	Validation (for EKAPCD use)
	ATC No: _____ Filing Fee: \$ _____
	Equip Dscrpt: _____ Receipt No: _____
	Equip Code: _____ Date: _____