



**KERN COUNTY AIR POLLUTION CONTROL DISTRICT**

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

PHONE: (661) 862-5250 • FAX: (661) 862-5251 • [www.kernair.org](http://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**

<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	See ATC/PTO Instructions for fee schedule	

**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>
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**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 KCAPCD 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 KCAPCD jurisdiction? <input type="checkbox"/> YES <input type="checkbox"/> NO

Print Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Consultant?  YES  NO If YES, please attach Assignment of Agent

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>DATE RECEIVED</b>	<b>Validation (for KCAPCD use)</b>	
	ATC No: _____	Filing Fee: \$ _____
	Equip Dscrpt: _____	Receipt No: _____
	Equip Code: _____	Date: _____