

MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT

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Eldon Heaston
 Executive Director

APPLICATION FOR AUTHORITY TO CONSTRUCT AND PERMIT TO OPERATE

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REMIT \$261.00 WITH THIS DOCUMENT (\$149.00 FOR CHANGE OF OWNER)

1. Permit To Be Issued To (company name to receive permit):		1a. Federal Tax ID No.:
2. Mailing/Billing Address (for above company name):		
3. Facility or Business License Name (for equipment location):		
4. Facility Address - Location of Equipment (if same as for company, enter "Same"):		Location UTM or Lat/Long:
5. Contact Name/Title:	Email Address:	Phone/Fax Nos.:
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment:		
Air Pollution Control Equipment, if any (note that most APCE require a separate application):		
7. Application is for: <input type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Utility <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency		
9. General Nature of Business:	Principal Product:	SIC Code (if known):
10. Distances (feet and direction to closest): _____ Fenceline _____ Residence _____ Business _____ School		
11. Facility Annual Throughput by Quarters (percent): _____ % _____ % _____ % _____ % Jan-Mar Apr-Jun Jul-Sep Oct-Dec		12. Expected Facility Operating Hours: _____ Hrs/Day _____ Days/Wk _____ Wks/Yr _____ Total Hrs/Yr
13. Do you claim Confidentiality of Data (if yes, state nature of data on reverse in Remarks)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Signature of Responsible Official:		Official Title:
Typed or Printed Name of Responsible Official:		Phone Number: Date Signed:
- For District Use Only -		
Application Number:	Invoice Number:	Permit Number: Company/Facility Number:

