

MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT

BRAD POIRIEZ, EXECUTIVE DIRECTOR

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Email: engineering@mdaqmd.ca.gov

www.MDAQMD.ca.gov • @MDAQMD

Application for asbestos abatement equipment only

Remit **\$302.00** with this document, plus \$304.37 per unit for permit fee



PLEASE TYPE OR PRINT

Section 1: Owner information

a. Permit to be issued to (company name):			b. Federal tax ID #:		
c. Mailing/billing address (for above company name) <i>include city, state and zip code</i> :					
d. Facility or business license name (for equipment location):					
e. Facility Address — Location of equipment (if same as for company, enter "Same"):				Equip. coordinates (lat/long):	
f. Contact name:		Title:	Email address:		Phone:
General nature of business:				Company NAICS:	
Type of Organization Individual owner Partnership Corporation Utility Local agency State agency Federal agency					

Section 2: Nature of application

Application is hereby made for the following equipment:					
Application is for what type of permit:			For modification or change of owner:		
New construction		Modification	Change of owner	_____ Current Permit Number	
Do you claim Confidentiality of Data? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach explanation; specify which information provided is confidential)					

Section 3: Equipment information

Manufacturer: _____		Model: _____		Serial No.: _____	
Filtering material: _____			Filtering area: _____		
Filter type (check all that apply): Single stage Double stage Three stage HEPA ULPA					
Equipment type: HEPA vacuum Negative air machine other, specify: _____					
Flow rate: _____ dscfm					
Unit measured with a manometer gauge? yes no			Manufacturer's specified pressure differential range: _____ inches H2O		
Control efficiency: _____ %					
Motor size: _____ bhp		Fan size: _____ inches			
Applicants <i>must</i> include a copy of the manufacturer specifications for the proposed unit with this completed application.					

Section 4: Project information

Project/building name: _____			Parcel No.: _____		
Project address (include number, street, city, zip): _____					
Project start-up date: _____			Project end date: _____		
Project type: Renovation Demolition					

-For District use only-

Application number:		Invoice number:		Permit number:		Company/facility number:	
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Section 5: Operation information

Facility annual throughput by quarters (percent): Uniform OR _____ % Jan-Mar _____ % Apr-Jun _____ % Jul-Sep _____ % Oct-Dec	Expected operating hours of equipment _____ Hrs/day _____ Days/wk _____ Wk/yr Total annual hours _____
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Section 6: Receptor information

Distance (feet) and direction to the property line of closest: _____ residence _____ business _____ school _____
Name of closest school (K-12) _____
<i>If the proposed equipment operates within 1,000 feet of a school site and operation results in the emission of hazardous air pollutants, a public notice will be required at the expense of the applicant (CH&S §42301.6)</i>

***Please note:** District staff may contact you for further information. Failure to provide additional information as requested in a timely manner may result in delays in the processing of this permit application.

Section 7: Certification

I hereby certify that all information contained herein is true and correct.			
_____	_____	_____	_____
Name of responsible official	Official title	Signature of responsible official	Date signed
Phone: _____	Email: _____		

Application submission instructions:

- 1) Submit completed application to Engineering@mdaqmd.ca.gov
- 2) Pay the corresponding application fee of \$302 **per permit** for new or modified permit via check or credit card and pay annual permit fee of \$304.37 **per permit** via check or credit card. **These are two separate fees and must be made via two separate payments**, i.e. make one payment for application fee(s) and one payment for permit fee(s).

Payment by check:

Make check payable to the Mojave Desert AQMD
 Mail the check with a copy of this completed application to:
Mojave Desert AQMD
 14306 Park Avenue
 Victorville, CA 92392

Payment by credit card:

Pay online at <http://www.mdaqmd.ca.gov>
 Click "Pay Fees"

Please note: **a surcharge applies for all credit card payments.**

- 3) If payment is made online via credit card, please email the receipt to Engineering@mdaqmd.ca.gov
- 4) Prior to any project startup, you must submit a Notification of Demolition/Renovation to asbestos@mdaqmd.ca.gov

Should you have any additional questions, please, do not hesitate to contact the permitting division at 760-245-1661, or via email at engineering@mdaqmd.ca.gov