



**Lake County Air Quality
Management District**
885 Lakeport Blvd.
Lakeport, CA 95453
707-263-7000 / fax 263-0421

Robert L. Reynolds
Air Pollution Control Officer
bobr@lcaqmd.net

Application For A Modification (Change of Ownership)

Contact Name: _____

Former Owner: _____

Applicant Name: _____

Mailing Address: _____

Facility or Project Name: _____

Equipment Location/Legal Description: _____

Permit # _____ Category _____

Transfer of Ownership Date: _____

Letter of Release (from the former owner) Attached: Yes _____ No _____

If no give reason: _____

Description of equipment by make, model, size and type:

Transfer Fee Calculation

Section 660.4, Ownership Permit Transfer: Every person submitting an application for modification to account for a Change of Ownership of any District Authority to Construct or Permit to Operate, shall include with the application, a fee equal to the greater of twenty-five dollars (\$25.00) or an amount equal to twenty (20) percent of the current application fee for said Authority to Construct or Permit to Operate.

Permit #	Category	Application Fee	Transfer Fee (20%)
_____	_____	_____	_____

I have read and understand the Lake County Air Quality Management District's List and Criteria for Authority to Construct Permits. I understand that I am responsible for any information listed herein or requested pursuant to this application. Based on information and belief formed after reasonable inquiry, the statements and information presented in this application and supplemental documentation are true, accurate, and complete.

Date: _____

Signature of authorized representative of firm

Name: _____ Title: _____ Telephone: _____

FAX: _____