



**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
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Application For A Permit To Operate

Type of Application: Original Revised

Facility Name:

Contact Name: _____

Facility or Project Name:

Business Name: _____

Mailing Address: _____

Permit # _____ Category _____

Lat•N: _____ Long•W: _____

Description of the Process/Purpose of the Facility:

Equipment Location/Legal Description:

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

Diagram/Plot Plan of Facility Enclosed? Yes No

Actual Operating Schedule: _____ Hours/Day _____ Days/Week _____ Weeks/Year

Actual Production Rates: _____ /Hour, _____ /Day, _____ /Year (Specify Units)

Amount, nature, and duration of emissions: _____

Describe process and show location, height, type and amount of all emission sources:
(Attach As-Built Diagram and Process Flow Diagram if different from A/C documentation)

Type and efficiency of installed/utilized air pollution control equipment:

Type and Quantity of fuel use: _____ gal/yr (%S): _____

Fees:	Permit #	Category	P/O Application Fee
	_____	_____	_____

The subject facility is operating in compliance with all A/C permit conditions and applicable District, State and Federal Rules and Regulations. 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.

Signature of authorized representative of firm _____ Date: _____

Name: _____ Title: _____ Telephone: _____

FAX: _____