



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

**Douglas G. Gearhart**  
Air Pollution Control Officer  
doug@lcaqmd.net

**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: \_\_\_\_\_