



AIR QUALITY MANAGEMENT DISTRICT

306 EAST GOBBI STREET

UKIAH, CA 95482

(707) 463-4354

AIR QUALITY APPLICATION FORM # 207.18

Section I

TYPE OF APPLICATION

Authority to Construct

Transfer of Location

Registration of Equipment

Permit for Existing Equipment

Transfer of Ownership

Modification of Permit-
Previous Application # _____

Section II

APPLICATION INSTRUCTIONS (Also review List & Criteria)

- A. This application must be filled out completely with all statements answered. Please type or print in black or blue ink. For permitting assistance please call the District office at 463-4354.
- B. Applications must be accompanied by one copy of each plan, specification, and drawing required. The District may request additional information.
- C. This application must be signed by the owner/operator or a responsible member of the organization that is to operate the equipment for which the application is made.
- D. Incomplete applications will delay the review process.
- E. Mail the application to: Mendocino County AQMD, 306 E Gobbi Street Ukiah, CA, 95482
- F. Construction and/or operation prior to obtaining a permit from the District is a violation of District Regulations and subject to penalties as defined in Regulation 1, Rule 1-300(i)

Section III

APPLICANT INFORMATION

Name of Business or Organization (DBA)

Permit Will be Issued to:

Legal Owner (if different from DBA)

Type of Ownership: Corporation Partnership Sole Proprietor Government Agency Other _____

Nature of Business

Mailing Address, City, State, Zip:

Address Where Equipment is Located:

Equipment or Process Name: **Commercial Outdoor Smoker/Grill**

Section IV

PROCESS DESCRIPTION

Describe Process (Include Process Flow Diagram, form attached) (List equipment on Page 2):

Ignition Source: _____ Species or Type of Wood: _____

Smoker/Grill Maximum Capacity (Lbs):

Estimated Fuel Usage (Lbs/Day)

Operation Schedule: Hrs/Day: _____ Days/Week: _____ Weeks/Year: _____

Estimated Construction Starting Date: _____ Completion Date: _____

Section V

AUTHORIZED FACILITY REPRESENTATIVE INFORMATION

Signature of Owner/Operator _____ Date _____

Name (Please Print)

Title

Telephone Number

(District Use Only) *District Receipt Stamp:*

Application #:

Facility ID #:



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Duplicate this page as necessary for additional process equipment. List all equipment that produces air emissions.

Section V EQUIPMENT INFORMATION

Equipment Description:			
Make:	Model:		
Serial Number:	Horsepower:	<input type="checkbox"/> Portable	<input type="checkbox"/> Stationary
Power Source:	<input type="checkbox"/> Electric	<input type="checkbox"/> Diesel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other _____

Equipment Description:			
Make:	Model:		
Serial Number:	Horsepower:	<input type="checkbox"/> Portable	<input type="checkbox"/> Stationary
Power Source:	<input type="checkbox"/> Electric	<input type="checkbox"/> Diesel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other _____

Equipment Description:			
Make:	Model:		
Serial Number:	Horsepower:	<input type="checkbox"/> Portable	<input type="checkbox"/> Stationary
Power Source:	<input type="checkbox"/> Electric	<input type="checkbox"/> Diesel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other _____

Equipment Description:			
Make:	Model:		
Serial Number:	Horsepower:	<input type="checkbox"/> Portable	<input type="checkbox"/> Stationary
Power Source:	<input type="checkbox"/> Electric	<input type="checkbox"/> Diesel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other _____

Section VI AIR POLLUTION CONTROL (ABATEMENT) DEVICE INFORMATION

Type of Afterburner Control Device:	<input type="checkbox"/> Direct Flame	<input type="checkbox"/> Catalyst
Make:	Model:	
Btu/Hr:	Operating Temperature:	
Exhaust Velocity (Ft./Min.):		
Retention Time (Seconds):		

Section VII CHEMICAL APPLICATION AND STORAGE INFORMATION

Product Identification:	(Include MSDS)		
Method of Application:	Application Rate:		
Applicator: Make:	Model:		
Serial Number:	Storage Tank Size:		
Power Source:	<input type="checkbox"/> Electric	<input type="checkbox"/> Diesel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other _____

Describe periodic maintenance procedures to be used to ensure that emissions will be minimized:			



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Duplicate this page as necessary for each diagram.

Section VIII

FACILITY AND PROCESS FLOW DIAGRAM

Include adjacent buildings and streets on facility drawings.

Include all associated processes on process flow diagrams.

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