



# AIR QUALITY MANAGEMENT DISTRICT

306 EAST GOBBI STREET  
UKIAH, CA 95482  
(707) 463-4354

## AIR QUALITY APPLICATION FORM # 207.28

### Section I TYPE OF PROJECT

- Road or Railway Construction
- Road Maintenance/ Repair
- Housing Development
- Commercial Property Development
- Trenching/ Utilities Work
- Other (please describe):

#### 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 are incomplete unless accompanied by one copy of each plan, specification, and drawing required. The District may request additional information.
- C. This application must be signed by a responsible member of the organization that is to operate the equipment for which the application is made. Incomplete applications will delay the review process.
- D. Mail the signed application to: Mendocino County AQMD, 306 E Gobbi Street Ukiah, CA, 95482
- E. 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 II APPLICANT INFORMATION

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Application Type: **Naturally Occurring Asbestos (NOA) Dust Mitigation Plan**

### Section III PROJECT DESCRIPTION

**Project Location:**

Address: \_\_\_\_\_ City: \_\_\_\_\_

Project Number: \_\_\_\_\_ Total Project Area (sq. ft/ acres/ mile): \_\_\_\_\_

Will This Project be Located in an Identified Naturally Occurring Asbestos (NOA) Area?  Yes  No

Is this project exempt from 93105, Title 17, CCR?:  Yes  No

Operation Schedule: Hrs/Day: \_\_\_\_\_ Days/Week: \_\_\_\_\_ Weeks/Year: \_\_\_\_\_

Estimated Starting Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

### Section IV AUTHORIZED REPRESENTATIVE INFORMATION

	(District Use Only) <i>District Receipt Stamp:</i>
Signature of Responsible Person _____	Date _____
Name (Please Print) _____	
Title _____	
Phone Number _____	Fax Number _____
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 PROJECT INFORMATION

#### Site Information

Areas/ Facilities within ¼ mile (400 meters) of project (Check ALL that apply)

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Hospital / Nursing Home | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> Commercial  | <input type="checkbox"/> School                  | <input type="checkbox"/> Rural                   |
| <input type="checkbox"/> Industrial  | <input type="checkbox"/> Park/ Playground        |  |

Additional Information:

Construction and Grading Operations Checklist for Projects Greater than One (1) Acres:

Asbestos Air Monitoring Plans:

Track-Out onto Paved Public Roads:

Active Storage Piles:

Inactive Areas and Storage Piles:

Traffic on Un-Paved Onsite Roads, Parking and Staging Areas:



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Earth Moving Activities:


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Off-Site Transport:

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Post-Construction Stabilization of Disturbed Areas:

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Duplicate this page as necessary for each diagram.

### Section IX

### 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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