South Coast Air Quality Management District

Form 400-A

Application For Permit To Construct and Permit To Operate

Mail Application To:
P.O. Box 4944
Diamond Bar, CA 91765

Tel: (909) 396-3385
www.aqmd.gov

Section A: Operator Information

1. **Business Name of Operator To Appear On The Permit:**

2. **Valid AQMD Facility ID (Available on Permit or Invoice issued by AQMD):**

3. **Owner's Business Name (only If different from Business Name of Operator):**

Section B: Equipment Location

4. **Equipment Location Address:**
For equipment operated at various locations in AQMD's jurisdiction, provide address of initial site

Street Address

City CA, State Zip Code –

County: ◯ Los Angeles ◯ Orange ◯ San Bernardino ◯ Riverside

Contact Name:

Contact Title: Phone:

Fax: E-Mail:

Section C: Permit Mailing Address

5. **Permit and Correspondence Information:**
☐ Check here if same as equipment location address

Street Address

City State , Zip Code –

Contact Name:

Contact Title: Phone:

Fax: E-Mail:

Section D: Application Type

The facility is in ◯ **RECLAIM** ◯ **Title V** ◯ **RECLAIM & Title V Program (please check if applicable)**

6. **Reason for Submitting Application (Select only ONE):**

- ◯ New Construction (Permit to Construct)
- ◯ Equipment Operating Without A Permit or Expired Permit*
- ◯ Administrative Change
- ◯ Equipment On-Site But Not Constructed or Operational
- ◯ Title V Application (Initial, Revisions, etc.)
- ◯ Compliance Plan
- ◯ Facility Permit Amendment
- ◯ Registration/Certification
- ◯ Streamlined Standard Permit

- ◯ Permitted Equipment Altered/ Modified Without Permit Approval*
- ◯ Proposed Alteration/Modification to Permitted Equipment
- ◯ Change of Condition For Permit To Operate
- ◯ Change of Condition For Permit To Construct
- ◯ Change of Location—Moving to New Site

Existing Or Previous Permit/Application Number:
(If you checked any of the items in this column, you MUST provide a existing Permit/ Application Number)

* A Higher Permit Processing Fee applies to those items with an asterisk (Rule 301 (c) (1) (D)

7. **Estimated Start Date of Operation/Construction (MM/DD/YYYY):**

8. **Description of Equipment:**

9. **Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction?** ◯ No ◯ Yes

10. **For Identical equipment, how many additional applications are being submitted with this application?** (Form 400-A required for each)

11. **Are you a Small Business as per AQMD's Rule 102 definition?**
(10 employees or less and total gross receipts are $500,000 or less, or a not-for-profit training center?) ◯ No ◯ Yes

12. **Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment?**
◯ No ◯ Yes If yes, provide NOV/NC #:

Section E: Facility Business Information

13. **What type of business is being conducted at this equipment location?**

14. **What is your businesses primary NAICS Code**
(North American Industrial Classification System)**?**

15. **Are there other facilities in the SCAQMD jurisdiction operated by the same operator?** ◯ No ◯ Yes

16. **Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location?** ◯ No ◯ Yes

Section F: Authorization/Signature

I hereby certify that all information contained herein and information submitted with this application is true and correct.

17. **Signature of Responsible Official:**

18. **Title:**

19. **Print Name:**

20. **Date:**

Check List

- ☐ Form(s) signed and dated by authorized official
- ☐ Supplemental Equipment Form (400-E-XX or 400-E-GEN)
- ☐ CEQA Form (400-CEQA) attached
- ☐ Payment for permit processing fee attached

Your application will be rejected if any of the above items are missing.

AQMD USE ONLY	APPLICATION/TRACKING #	TYPE B C D	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE: $	VALIDATION
ENG. A R DATE	ENG. A R DATE	CLASS I III IV	ASSIGNMENT Unit Engineer	CHECK/MONEY ORDER #	AMOUNT $ / Tracking #

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Validate/Print Reset