

## **Bay Area Air Quality Management District**

Agricultural Waste Chipping Program Wildfire Prevention Chipping Program

## **Request for Chipping Application**

Send this form ONLY when your pile(s) are ready for chipping

## 1. Project Information

lame:
Phone: Email:
Address:
City/Zip:
learest Cross Street: Assessor's Parcel #: [ ] unknow
Are you the property owner? Yes [ ] No [ ]  Owner's name (if different):
Contact Phone (if different):
2. Select the Program you are applying for (select one program and one project type):
<ul> <li>Agricultural Waste Chipping Program (Agricultural operations only, see Item a below)</li> <li>Wildfire Prevention Chipping Program (See Item b below)</li> </ul>
<ul> <li>a. If applying for the Agricultural Waste Chipping Program, select the type of project below:         <ul> <li>[ ] Orchard Pruning and Attrition</li> <li>[ ] Crop Replacement</li> </ul> </li> </ul>
[ ] Range Management
<ul> <li>b. If applying for the Wildfire Prevention Chipping Program, select the type of project below:</li> <li>[ ] Hazardous Material [ ] Wildland Vegetation Management</li> </ul>
[ ] Forest Management
3. How much material are you requesting to be treated?
otal cubic yards (estimated): Total number of piles:
Vhere will the material be located?[]On Road Shoulder[]Next To Driveway []Othe
f "Other", specify location:
Please make a note of locked gates. Do not obstruct any roadways, driveways or ccess routes with your material.
Describe the material to be chipped:
What is the largest diameter of woody material to be chipped? inches

Is the material to be chipped from a which is defined as a business with more than \$750,000?		
Yes [ ] No [ ] I	don't know [ ]	
4. Verify the following ite	ms:	
<ul><li>[ ] Piles conform to the Pile G</li><li>[ ] Piles are free of nesting bit</li><li>[ ] Submit at least one photo</li></ul>		
5. Agreement		
I confirm that the information in this occupier of the property where chip Bay Area Air Quality Management my property for the purposes of arr with this program.	oping services will be performe District (Air District), or the chip	d, and hereby consent to the oping contractor(s), entering
In consideration for receiving chipping (below), and, on my behalf and on beh from all liability, and promise not to succoordinators, or volunteers ("Sponsors because of my participation in this progragainst any losses, damages, claims, person or property of others arising ou	nalf of my next of kin, heirs, and e, the Air District or its officers, s") for any losses or damages o gram. I also agree to indemnify or liabilities of any kind for any	d representatives, I release directors, participants, f any kind I may suffer and defend the Sponsors damages or injuries to the
Signature	Name (Printed)	Date

## **Submittal Instructions:**

Please complete and return this form to the Air District electronically by email to: <a href="mailto:chipping@baaqmd.gov">chipping@baaqmd.gov</a> (Subject: Chipping Application). For questions, call (415)749-4600.