



PERMIT APPLICATION COVER FORM

All fields are required unless otherwise noted. Please type or print.

Mail to: BAAQMD Engineering Division 375 Beale St., Suite 600 San Francisco, CA 94105

Tel: (415) 749-4990

- This form must be submitted with all permit application packages.
New facilities must submit a Facility Creation Form and Facility Contacts Form with this Permit Application Cover Form and any other permit application forms.

1. Application Title - For registrations, do not use this form. Apply online at www.baaqmd.gov

Application Title

Project Description (Optional)

2. Facility Identification

Facility Name BAAQMD Facility ID (Existing facilities only)

3. Application Contact - Select existing contact or fill out information below.

Same as Owner Contact Same as Operator Contact

Form with fields: First Name, Last Name, Business Name of Contact, Contact Title, Address Line 1, Address Line 2, City, State, Zip Code, E-mail Address, Primary Phone, Alternate Phone, Fax Number.

4. Small Business & Green Business Certifications (Optional)

Small Business Eligibility - This section does not apply to gas dispensing facilities.

Does the facility identified in Part 2 above:

- Employ 10 employees or less?
Have a gross annual income less than or equal to \$750,000?
Affiliated with another company?
If yes, does the affiliated company employ 10 employees or less?
If yes, does the affiliated company have a gross annual income less than or equal to \$750,000?

Green Business Certification

Is the facility identified in Part 2 above currently certified under the Bay Area Green Business Program as coordinated by the Association of Bay Area Governments and implemented by participating counties?

If yes, submit a copy of the current Green Business Certification.

5. Proximity to a K-12 School

Are any of the devices in this permit application within 1,000 feet of the outer boundary of a school, where a school is defined as kindergarten through Grade 12?

Yes No



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6. CEQA – If yes to either question below, complete and submit the CEQA worksheet at the end of this form.

- A. Has another public/regulatory agency prepared, required preparation of, or issued a notice regarding preparation of a California Environmental Quality Act (CEQA) document (initial study, negative declaration, environmental impact report or other CEQA document) that analyzes impacts of this project or another project of which it is a part or to which it is related? Yes No

- B. Are there any other projects, prior or current, for which either of the following statements is true?
 - The project that is the subject of this application could not be undertaken without the other project(s),
 - The other project(s) cannot be undertaken without the project that is the subject of this application.
 Yes No

7. Application Billing Contact - Select existing contact or fill out information below.

Same as Owner Contact Same as Operator Contact Same as Billing Contact

First Name		Last Name	
Business Name of Contact (If different from facility)		Contact Title	
Address Line 1		Address Line 2 (Optional)	
City		State	Zip Code
E-mail Address			
Primary Phone (xxx-xxx-xxxx)	Alternate Phone (optional)		Fax Number (Optional)

8. Certification/Signature of person responsible for the information on this form.

I hereby certify that I am authorized to complete this form for the facility and that all information contained herein is true and correct.

Name		Title	
Signature		Date	Phone (xxx-xxx-xxxx)



**BAY AREA AIR QUALITY MANAGEMENT DISTRICT
CEQA Worksheet**

Required if answered "Yes" to either question in Part 6 of Permit Application Cover form.

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Engineering Division
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San Francisco, CA 94105

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1. CEQA Documentation (Skip if you answered NO to Part 6A on Permit Application cover form.)

Document or Notice Type (Choose one)

- | | | |
|-----------------------------|-------------------------|----------------------|
| Environmental Impact Report | Initial Study | Negative Declaration |
| Notice of Completion | Notice of Determination | Notice of Exemption |
| Notice of Preparation | Other (specify): | |

Date of Document/Notice or Expected Date of Completion	Electronic Link to document, if available (e.g., http://www.example.com)	
Lead Agency Name	Lead Agency Contact Name	
Lead Agency Contact Phone (xxx-xxx-xxxx)	Lead Agency Contact E-mail Address, if available	

If not available online, submit a copy of all available documentation with this worksheet.

2. Related Projects (Skip if you answered NO to Part 6B on Permit Application cover form.)

List and describe all other prior or current projects that are related to the project that is subject to this application.

Name of Related Prior or Current Project	BAAQMD Application # (if applicable)
Description of Related Project	
Name of Related Prior or Current Project	BAAQMD Application # (if applicable)
Description of Related Project	
Name of Related Prior or Current Project	BAAQMD Application # (if applicable)
Description of Related Project	

3. Certification/Signature of person responsible for the information on this form.

I hereby certify that I am authorized to complete this form for the facility and that all information contained herein is true and correct.

Name	Title	
Signature	Date	Phone (xxx-xxx-xxxx)



Instructions: Application Cover Form and CEQA Worksheet

Introduction Use the following instructions to help guide you through the *Application Cover form* and *California Environmental Quality Act (CEQA) Worksheet*.

Who should use these documents? The *Application Cover form* is required for all permit application requests, including but not limited to:

- New devices/operations including replacements
- Modify existing devices/operations
- Change permit condition

If your application triggers CEQA, then the *CEQA Worksheet* is required.

Application Type & Title **Application Title** - Provide a title that identifies this application.

Facility Identification **BAAQMD Facility ID** - If you are an existing facility, fill the facility ID is available on your permit or invoice issued by BAAQMD.

- If this application is for a new facility (not currently permitted by BAAQMD), you must also submit a Facility Creation and Facility Contacts forms.

Application Contact Identify a contact for this permit application. This is the person that will be responsible for the permit application during processing.

- For existing facilities, you may use an existing Owner or Operator contact, which are available on your permit issued by BAAQMD. If your permit was issued before March 5, 2012, the person identified as the *permitted operator* was designated to be the default contact in the new system. To update these contacts, submit a *Facility Contacts form*.
- For new facilities, your contacts would be identified on your *Facility Contacts Form*.

Small Business & Green Business Certifications This section is optional. The questions refer to the facility that the permits will be issued to, not any third party filling out the forms on behalf of the facility.

Small Business questions – This section does not apply to gas dispensing facilities.

Proximity to a K-12 School You are required to identify whether the devices/operations in the permit application (specifically the emission points/outlets) are within 1000 feet of the outer boundary of a kindergarten through 12th grade school. Suggested online places to find school locations are www.greatschools.net or school locator using Google Earth.



**California
Environmental
Quality Act
(CEQA)**

Question 6B

This is to identify whether this application is a smaller part of a larger project that could trigger CEQA when considered as a whole.

**Application
Billing Contact**

Identify a billing contact for this permit application.

- For existing facilities, you may use an existing Owner or Operator contact, which are available on your permit issued by BAAQMD. If your permit was issued before March 5, 2012, the person identified as the *permitted operator* was designated to be the default billing contact. To update these contacts, submit a *Facility Contacts form*.
 - For new facilities, your contacts are identified on your *Facility Contacts Form*.
-

**CEQA
Documentation**

Lead Agency – The primary authority to implement or approve a project, such as when it adopts air quality plans for the region, issues stationary source permits, or adopts rules and regulations.

Related Projects

If the related projects were also submitted as separate BAAQMD permit applications, provide the Application number as it was assigned. The number was also provided on the Authority to Construct permit if it was issued.

Still need help?

Call the Engineering Division at (415) 749-4990.
