

Instructions: Application Cover Form, CEQA Worksheet, and Appendix H Form

Introduction

Minimum

Requirements

Use the following instructions to help guide you through the *Application Cover Form, California Environmental Quality Act (CEQA) Worksheet,* and *Appendix H Form.*

Failure to submit the minimum forms in the format specified will result in the return of all submitted material.

The minimum submittal requirements to create an application with BAAQMD are:

- 1. Application Cover Form
- 2. Facility Creation Form (for first time permittees only)
- 3. Facility Contacts Form (for first time permittees and those who wish to update existing facility contacts)
- 4. Cover letter on company letterhead describing the project
- 5. At least (1) Device Form or a Permit Condition Change Request Form
- 6. If the application contains Trade Secret information, submit the documents specified under the Trade Secret section of this form

Electronic Submittals (preferred):

- Attachments must be PDF files only
- Email plus attachments is limited to under 35 MB in size

Paper Submittals:

- No staples
- Two (2) copies of all data forms must be provided
- Paper size limited to 11" x 17" size

Forms you may want to include in your application:

- Health Risk Assessment (HRA) Form
- Emission Point Form
- CEQA Worksheet
- Appendix H Environmental Information Form
- Permit Condition Change Request Form
- Device Forms Emissions source Information (if applicable)

• **Application Title** – Provide a title that identifies this application.

- Notice of Violation (NOV) # Provide the NOV number if this application is related to an NOV received from a BAAQMD inspector.
- Project Description Provide a detailed project description, either in this section or in an attached document.
- Equipment/Project Location This section is for campus-style facilities with multiple devices.

Facility Identification

Application

Information

Other Forms

- **BAAQMD Facility ID** The facility ID number is available on any permit or invoice issued by BAAQMD. This can be found in the upper right of the permit or the invoice.
 - If this application is for a new facility (not currently permitted by BAAQMD), you must also submit Facility Creation Form and Facility Contacts Form.

Application Contact

The Application Contact will be responsible for the permit application during processing.

- For existing facilities, you may use an existing Owner, Operator, or Billing contact as Application Contact.
- For new facilities, your contacts should 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 Question – This section does not apply to Gas Dispensing Facilities (GDFs).

Public Notification (Reg. 2-1-412)

You are required to identify whether the devices/operations in the permit application (specifically the emission points/outlets) are within 1000 ft of the outer boundary of a kindergarten through 12th grade school, as your application may be subject to Public Notice requirements. Suggested online places to find school locations are www.greatschools.org or school locator using Google Earth.

Your application may also be subject to Public Notice requirements if the facility is located within an Overburdened Community (OBC) as defined by Regulation 2-1-243 and a Health Risk Assessment is required.

Trade Secret Information (Reg. 2-1-402.7)

In order to declare information included in your application as trade secret, you must provide the following:

- Two copies of each page containing trade secret information:
 - o one labeled "Trade Secret" with each trade secret item clearly marked
 - o one labeled "Public Copy" with each trade secret item redacted
- Rationale for each Trade Secret claim per the Government Code Section 6254.7(d)

California Environmental Quality Act (CEQA)

Question 7B – This is to identify whether this application is a smaller part of a larger project that could trigger CEQA when considered as a whole.

CEQA Worksheet

- 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?

Contact the Engineering Division: (415) 749-4990

permits@baaqmd.gov



Bay Area Air Quality Management District PERMIT APPLICATION COVER FORM

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

Email to: permits@baaqmd.gov
Mail to: BAAQMD
Engineering Division
375 Beale Street, Suite 600

San Francisco, CA 94105 Tel: (415) 749-4990

- > This form must be submitted with all permit application packages.
- ➤ New facilities must also submit a <u>Facility Creation Form</u> and <u>Facility Contacts Form</u>.

1.	Application Information							
	Application Title				Notice of Vio	lation (NOV	') # (If app	licable)
	Project Description							
	Equipment/Project location in relation to facility local	tion (e g	NW cor	ner (of facility campus Buil	ding 10 etc)	(Ontional)	1
	Equipment, 110 jeet location in Telation to lacine, location	tion (c.g	. 1444 CO1	iici (or racincy campas, ban	amg 10, etc.,	(Optional)	
2.	Facility Identification							
	Facility Name				BAAQMD Fac	lity ID (Exist	ing facilitie	s only)
3.	Application Contact – Select existing contact or fill out info	ormation	below					
	☐ Same as Owner Contact ☐ Same as O	Operato	r Contac	ct	☐ Same as	Billing Con	tact	
	First Name	Last N	ame					
	Business Name of Contact (If different from facility)				Contact Title			
	Business Name of Contact (If different from facility)				Contact Title	ontact litle		
	Address Line 1			Add	dress Line 2 (Optional)		
	City				State Zip Code			
	Email Addrage		Drima	ov Di	hono (nay yay yay)	Altornato	Phono (On	tional)
	Email Address Primary Phone (xxx-xxx-xxxx) Alternate Phone (Option				lionalj			
4.	Small Dusiness & Crean Business Contifications (Outie		:	ممام	an and annihi ta Cas Dia	in-Facili		
4.	Small Business & Green Business Certifications (Option A Does the facility identified in Part 2 above qualify:					pensing Facili		O No
	 A. Does the facility identified in Part 2 above qualify as a small business? Must employ 10 employees or less and have a gross annual income of less than or equal to \$750,000 							
	Must not be affiliated with a non-small business (•	non-sm	all b	ousiness employs mo	re than 10		
	persons <u>and/or</u> has a gross income exceeding \$75	-	n Rusina	occ I	Program as coordina	ted by the	O Vac	O No
	B. Is the facility currently certified under the Bay Area Green Business Program as coordinated by the O Yes O No California Green Business Network? If yes, submit a copy of the current Green Business certificate.							
5.								
	Are any of the devices in this application within 1,000) feet of	the out	er b	oundary of a school	(K-12)?	O Yes	O No
6.	Trade Secret Information (BAAQMD Regulation 2-1-402.7	7)						
.	Under the California Public Records Act, all information		our perm	nit a	pplication will be co	nsidered a	O Yes	O No
	matter of public record and may be disclosed to the pu	ublic, ur	nless you	ı hav	ve requested that ce		0 .00	0
	are treated as trade secret. Does this application cont					. "		
	If yes, check to confirm each page containing t trade secret information clearly marked, and a l							th the
	☐ If yes, check to confirm a statement of basis for					· ·		



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7. California Environmental Quality Act (CEQA)

- If you answer YES to either question below, complete and submit the attached CEQA Worksheet.
- ➤ If you answer NO to <u>both</u> questions below, complete and submit the attached Appendix H (Environmental Information) Form, unless you have determined that: (1) this project will not trigger a health risk assessment per Rule 2-5 and (2) the project will not trigger a Best Available Control Technology determination per Rule 2-2.
 - A. Has another public/regulatory agency prepared, required preparation of, or issued a notice O Yes O No regarding preparation of a 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?
 - B. Are there any other projects, prior or current, for which either of the following statements is true? O Yes O No
 - The project identified in this application could not be undertaken without the other project(s).
 - The other project(s) cannot be undertaken without the project identified in this application.

8.	Additional Agency Permits or Approvals		
	Are there any other permits, agency approvals, or land use approvals required for this project by city,	O Yes	O No
	regional, state, or federal agencies? If yes, please list the agency name(s) and permit number(s) below:		

regional, state, or federal agencies? If yes, please list the agency name(s) and permit number(s) below:					

9. Accelerated Permitting (BAAQMD Regulation 2-1-302.2) (Optional)

An applicant seeking a permit for a new, modified, or altered source that meets the below requirements may apply for a temporary Permit to Operate under the Accelerated Permitting Program by submitting the following:

- 1. an Application Cover Form and any source data form(s),
- 2. payment of applicable fees (by paper check with forms or by paying online after being invoiced),
- 3. a certification that the source meets all of the requirements of the selected category,
- 4. a certification that the source is not subject to BAAQMD Regulations 2-1-316 through 2-1-319,
- 5. a certification that the applicant has reviewed all applicable New Source Performance Standards (NSPS) and has determined that the application will comply.

Please check the box for the category that describes your project:

- ☐ A new source or a modification of an existing source if the following conditions are satisfied:
 - Uncontrolled emissions of POC, NPOC, NOx, SO2, PM2.5, PM10, or CO are less than 10lbs/day, or the equipment was pre-certified by BAAQMD.
 - Uncontrolled emissions of toxic compounds do not equal or exceed trigger levels identified in Table 2-5-1.
 - The project is not subject to public notice requirements (Reg 2-1-412) (see attached Instructions).
- Replacement of abatement equipment that will not increase the potential to emit any regulated air pollutant from the abatement device and the source(s) whose emissions it abates.
- An alteration of existing sources that does not result in an increase in emissions for any pollutants (Reg 2-1-233).

10. 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.

0.000 0.000 0.000		
Name	Title	
Signature	Date	Phone (xxx-xxx-xxxx)



2.

3.

Bay Area Air Quality Management District CEQA Worksheet

Required if answered YES to either question in Part 7 of Permit Application Cover Form. All fields are required unless otherwise noted. Please type or print.

Email to: permits@baaqmd.gov
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CEQA Documentation (Skip if you answered NO to Part 7A on the Permit Application Cover Form)						
Document or Notice Type (Choo	se one):					
O Environmental Impact Repo	ort	O Initial Study		O Negativ	e Declaration	
O Notice of Completion		O Notice of Determination		O Notice of Exemption		
O Notice of Preparation		O Other:	O Other:			
Date of Document/Notice	Electron	ic link to document, if av	ailable (e.g., h	ttp://www.exa	mple.com)	
Lead Agency Name	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 al	 available documentatio	n with this w	orksheet.		
Related Projects (Skip if you answ	wered NO	to Part 7B on the Permi	t Application	Cover Form)		
List and describe all other prior	or current	projects that are related	to the proje	ct that is subje	ect 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)					oplication # (If applicable)	
Description of Related Project						
Name of Related Prior or Current Project BAAQMD Application # (If applicable)					oplication # (If applicable)	
Description of Related Project						
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			Title			
Sign at use			Data		Dhana (
Signature			Date		Phone (xxx-xxx-xxxx)	



Bay Area Air Quality Management District APPENDIX H Environmental Information Form

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

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> This form is required:

- If you answered NO to both questions under Part 7 of the Permit Application Cover Form,
- AND any new or modified source identified in this application has the potential to emit 10 lbs/day or more of a District BACT pollutant per Rule 2-2.

1. General Information

Name and address of developer or project sponsor	Assessor Block and Lot Number		
Address of Project (street, city, state and zip code)	Existing Zoning District		

2. Project Details Required

In Part 3 of this form, project description must include:

- Size site/square footage (sq ft)
- Number of floors of construction
- · Amount of off-street parking provided
- Attach project plans
- · Proposed scheduling
- Associated projects
- Anticipated incremental development
- Describe the project site as it exists before the project, including information on topography, soil stability, plants and animals, and any cultural historic or scenic aspects, including existing structures and their use (attach photos of site)
- Describe the surrounding properties, including information on plants and animals, and any cultural, historic, or scenic aspects, including type of land use (residential, commercial, etc.), intensity of land use (one-family, apartment houses, shops, etc.), and scale of development (height, frontage, set-back, rear yard, etc.) (attached photos of vicinity)
- If residential, include number of units, schedule of unit sizes, range of sale prices or rents, and household size expected
- If commercial, indicate type, whether neighborhood/city/regionally oriented, sq ft of sale area, and loading facilities
- If industrial, indicate type, estimated employment per shift, and loading facilities
- If institutional, indicate the major function, estimated employment per shift, estimated occupancy, loading facilities, and community benefits to be derives from the project
- If the project involves a variance, conditional use, or rezoning application, state this and indicated clearly why the application is required

Are the following items applicable to the project or its effects? If YES is selected, discuss in the project description below.

a.	Change in existing features of any bays, tidelands, beaches, or hills, or alteration of ground contours?	O Yes	O No
b.	Change in scenic views or vistas from existing residential areas or public lands or roads?	O Yes	O No
c.	Change in pattern, scale, or character of general area of project?	O Yes	O No
d.	Significant amounts of solid waste or litter?	O Yes	O No
e.	Change in dust, ash, smoke, fumes, or odors in vicinity?	O Yes	O No
f.	Change in ocean, bay, lake, stream, or groundwater quality or quantity, or alteration of existing drainage patterns?	O Yes	O No
g.	Substantial change in existing noise or vibration levels in the vicinity?	O Yes	O No
h.	Site on filled land or on slope of 10% or more?	O Yes	O No
i.	Use or disposal of potentially hazardous materials (toxic substances, flammables, or explosives, etc.)?	O Yes	O No
j.	Substantial change in demand for municipal services (police, fire, water, sewage, etc.)?	O Yes	O No
k.	Substantial increase in fossil fuel consumption (electricity, oil, natural gas, etc.)?	O Yes	O No
I.	Relationship to larger project or series of projects?	O Yes	O No

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San Francisco, CA 94105

			Tel: (415) 749-4990
3.	Project Description – Attach a separate sheet for additional space		
	Describe the project including all required details and additional	items noted in Part 2 of this	form:
١.	Certification/Signature of person responsible for the information of		
	I hereby certify that I am authorized to complete this form for the true and correct.	ne facility and that all inforr	mation contained herein is
	Name	Title	
	Nume	THE	
	Signature	Date	Phone (xxx-xxx-xxxx)