

SAN DIEGO AIR POLLUTION CONTROL DISTRICT

SUPPLEMENTAL APPLICATION INFORMATION
FEE SCHEDULE
12H

San Diego APCD Use Only
Appl. No.:
ID No.:

SMOKE HOUSE

1 **Company Name:** _____

2 **Equipment Address:** _____

3 **1. EQUIPMENT DESCRIPTION**

4 Describe what food items are being processed: _____
5 _____

6 Describe how the smoke is generated: _____
7 _____

8 Smoke Generator Manufacturer: _____

9 Model: _____ S/N: _____

10 Smoke Chamber (room) Dimensions: _____ ft x _____ ft x _____ ft

11 Ventilation Rate: _____ cu. ft/min

12 Fan Manufacturer: _____

13 Model: _____ S/N: _____

14 Operating Hours: _____ hrs/day _____ days/week

15 **2. EMISSION CONTROL EQUIPMENT**

16 Describe how smoke emissions are reduced from the equipment: _____
17 _____

18 Smoke Generator Manufacturer: _____

19 Model: _____ S/N: _____

20 **Name of Preparer:** _____ **Title:** _____

21 **Phone No.:** () _____ **Date:** _____

NOTE TO APPLICANT:

Before acting on an application for Authority to Construct or Permit to Operate, the District may require further information, plans, or specifications. Forms with insufficient information may be returned to the applicant for completion, which will cause a delay in application processing and may increase processing fees. The applicant should correspond with equipment and material manufacturers to obtain the information requested on this supplemental form.