

**San Diego County Air Pollution Control District**  
**10124 Old Grove Road San Diego CA 92131-1649**  
**(858) 586-2600 FAX (858) 586-2601**

**TITLE V APPLICATION**  
**Stationary Source Summary (FORM 1401-A1)**

<b>Company Name</b> _____	<b>District Use Only</b> NEDS # _____ SITE ID # _____
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**I. FACILITY IDENTIFICATION**

1. Facility Name (if different than company name): \_\_\_\_\_
2. Four digit SIC Code: \_\_\_\_\_
3. Parent Company (if different than Company Name): \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
5. Street Address or Source Location: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
6. UTM Coordinates: \_\_\_\_\_
7. Source Located within 50 miles of a state line:  Yes  No (All sources **are** within 50 miles)
8. Source Located within 1000 feet of a school:  Yes  No
9. Type of Organization:  Corporation  Sole Ownership  Government  
 Partnership  Utility Company
10. Legal Owner's Name: \_\_\_\_\_
11. Owner's Agent name (if any): \_\_\_\_\_
12. Responsible Official: \_\_\_\_\_
13. Plant Site Manager/Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_
14. Application Contact: \_\_\_\_\_
15. Type of Facility: \_\_\_\_\_
16. General description of processes/products: \_\_\_\_\_
17. Is a Federal Risk Management Plan (RMP) pursuant to Section 112(r) required?  Yes  No  
 (If application is submitted after RMP due date, attach verification that plan is registered with the appropriate agency.)

II. TYPE OF PERMIT ACTION (check)	CURRENT PERMIT (permit number)	EXPIRATION (date)
<input type="checkbox"/> Initial Title V Application	N/A	N/A
<input type="checkbox"/> Permit Renewal		
<input type="checkbox"/> Significant Permit Modification		
<input type="checkbox"/> Minor Permit Modification		
<input type="checkbox"/> Administrative Amendment		

**III. DESCRIPTION OF PERMIT ACTION**

1. Does the permit action requested involve:  Temporary Source  Voluntary Emissions Caps  
 Acid Rain Source  Alternative Operating Scenarios  Abatement Devices  
 CEMs  Permit Shield  
 Outdated SIP Requirement Streamlining  Multiple Applicable Requirement Streamlining  
 Source Subject to MACT Requirements [Section 112]  
 Source Subject to Enhanced Monitoring (40CFR64) [Compliance Assurance Monitoring]
2. Is source operating under a Compliance Schedule?  Yes  No  Proposed
3. Is source operating under a Variance  Yes  No (If Yes, please attach variance information)
4. For permit modification, provide a general description of the proposed permit modification:  
 \_\_\_\_\_

**IV. SUPPLEMENTAL ATTACHMENTS\*:** \_\_\_\_\_

\* Means all attachments to the complete application.

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**TITLE V APPLICATION**  
**Stationary Source Summary (FORM 1401-A2)**

<b>Company Name</b> _____	<b>District Use Only</b> NEDS # _____ SITE ID # _____
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**I. MAJOR SOURCE APPLICABILITY**

Check appropriate pollutant(s) for which you are a Major Source under Title V. Applicability is based on potential to emit. **If more space is necessary, use additional forms. Please type or print legibly.**

POLLUTANT	MAJOR SOURCE THRESHOLD TOTAL EMISSIONS, TPY	(check if appropriate)
VOC	100	<input type="checkbox"/>
PM <sub>10</sub>	100	<input type="checkbox"/>
SO <sub>2</sub>	100	<input type="checkbox"/>
NO <sub>x</sub>	100	<input type="checkbox"/>
CO	100	<input type="checkbox"/>
ODC	100	<input type="checkbox"/>
LEAD COMPOUNDS	10	<input type="checkbox"/>
<b>HAZARDOUS AIR POLLUTANTS</b>		
SINGLE HAP	10	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
COMBINATION HAP	25	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**Attach all necessary calculations to this form as applicable.** NOTE: Calculations are only needed if no Emission Inventory is on file with the District

Reference \_\_\_\_\_

Inventory Year \_\_\_\_\_

\_\_\_\_\_  
Signature of Responsible Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Responsible Official

( ) \_\_\_\_\_  
Telephone No. of Responsible Official

\_\_\_\_\_  
Title of Responsible Official

**II. EMISSIONS CALCULATIONS ATTACHED (as needed)**

Yes     No

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**DISTRICT USE ONLY**

**Date Application Received:** \_\_\_\_\_

**Application #** \_\_\_\_\_

**Application Filing Fee:** \_\_\_\_\_

**District Received Stamp:** \_\_\_\_\_

**Receipt #:** \_\_\_\_\_

**Fee Code:** \_\_\_\_\_