

# GENERAL PERMIT OR REGISTRATION APPLICATION INSTRUCTIONS



## GENERAL

The owner or designated agent must complete and sign this form and file it with one copy of all attachments, required supplementary forms, drawings and the appropriate fee.

The appropriate fee (payable to “San Diego County APCD”) must be submitted with this Permit/Registration Application. Application processing will not begin until the full required fee has been received. Excess fees will be refunded upon completion of the application process. If you do not know the appropriate fee or need to discuss the information required, please contact the District at (858) 586-2600 and ask for assistance in determining an application fee.

## REASON FOR SUBMITTAL OF APPLICATION

- New Installation - check if you are installing equipment that does not currently have a District Permit to Operate (PTO)
- Existing Unpermitted Equipment or Rule 11 Change - check if applying for installed existing equipment that is currently unpermitted or equipment that is now subject to District Rules due to Rule 11 changes
- Modification of Existing Permitted Equipment - check if you are making a change to equipment with a current District Permit to Operate. (List affected PTO Record ID(s) – Note: PTO Record ID Format: APCD2015-PTO-123456)
- Amendment to Existing Authority to Construct or Permit/Registration Application - check this line if you are amending a previously submitted application form or if amending a current Authority to Construct. (List affected Application Record ID(s) Application Record ID Format: APCD2015-APP-123456)
- Change of Equipment Location - check if you are moving non-portable equipment with a current District Permit to Operate. (List affected PTO Record IDs)
- Change of Equipment Ownership - check if you are now the owner of equipment with a current District Permit to Operate under a different owner. **Provide proof of ownership with application.** (List affected PTO Record ID(s))
- Change of Permit Conditions - check if equipment with a current Permit to Operate requires changes to the existing operating conditions. (List affected PTO Record ID(s) on line 12)
- Change Permit to Operate Status to Inactive - check if you wish to maintain your current Permit to Operate but are not going to operate the equipment. (List affected PO #(s))
- Banking Emissions - check if you are retiring equipment with a current District Permit to Operate and wish to bank the emissions for future credits. (List affected PTO Record ID(s) on)
- Registration of Portable Equipment - check this line if you are applying for registration of portable equipment
- Other - check for any action not covered
- List affected Application/PTO Record ID(s) - if the application being submitted is for an existing operation please listed the affected permits

## APPLICANT INFORMATION

Please enter the requested addresses, including the mailing address to be used to send the Authority to Construct, Permit to Operate, and invoices

## EQUIPMENT/PROCESS INFORMATION

Check Stationary (e.g. gasoline service site, dry cleaning facility, etc.) or Portable (abrasive blast pot, roofing kettle, etc.) depending upon the type of equipment for which you are filing an application. Also check Yes if the equipment is portable and will operate more than 180 consecutive days at a single site. Otherwise, check No.

Please enter the location where the equipment is or will operate if this application is for a stationary source. If the application is for a portable operation please enter the address that will be used to store the portable unit

## INDEMNIFICATION

In accordance with District Rule 40(d)(8)(vi), the applicant, to the extent the applicant is at fault in causing liability to the District, shall indemnify the District (including its agents, officers and employees) from any claim, action, liability, or proceeding to attack, set aside, void or annul the applicant’s project or any of the proceedings, acts or determinations taken, done or made as a result of the District’s processing and/or approval of the project. The applicant’s obligation to indemnify shall include, but not be limited to, payment of all court costs and attorneys’ fees, costs of any judgments or awards against the District, damages, and/or settlement costs, which arise out of the District’s processing and/or approval of the applicant’s project, except that an applicant shall only be responsible for indemnifying the District according to the proportion of fault caused by the applicant, as determined by a court. By signing and submitting this application, an applicant agrees to such indemnification.

Internal Use Only	
APP ID: APCD	-APP/CER-
SITE ID: APCD	-SITE-

**GENERAL PERMIT OR  
REGISTRATION  
APPLICATION FORM**



San Diego County  
Air Pollution  
Control District

**Submittal of this application does not grant permission to construct or to operate equipment except as specified in Rule 24(c).**

**REASON FOR SUBMITTAL OF APPLICATION:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> New Installation  | <input type="checkbox"/> Existing Unpermitted Equipment or Rule 11 Change | <input type="checkbox"/> Modification of Existing Permitted Equipment                             |
| <input type="checkbox"/> Amendment to Existing Authority to Construct or Application | <input type="checkbox"/> Change of Equipment Location                     | <input type="checkbox"/> Change of Equipment Ownership <i>(please provide proof of ownership)</i> |
| <input type="checkbox"/> Change of Permit Conditions                                 | <input type="checkbox"/> Change Permit to Operate Status to Inactive      | <input type="checkbox"/> Banking Emissions  |
| <input type="checkbox"/> Registration of Portable Equipment                          | <input type="checkbox"/> Other (Specify) _____                            |   |

List affected APP/PTO Record ID(s): \_\_\_\_\_

**APPLICANT INFORMATION**

Name of Business (DBA) \_\_\_\_\_

Does this organization own or operate any other APCD permitted equipment at this or any other adjacent locations?  Yes  No

If yes, list assigned Site Record IDs listed on your Permits \_\_\_\_\_

Name of Legal Owner (if different from DBA) \_\_\_\_\_

Equipment Owner	Authority to Construct Mailing Address
Name: _____	Name: _____
Mailing Address: _____	Mailing Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: ( ) _____	Phone: ( ) _____
E-Mail Address: _____	E-Mail Address: _____

Permit To Operate Mailing Address	Invoice Mailing Address
Name: _____	Name: _____
Mailing Address: _____	Mailing Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: ( ) _____	Phone: ( ) _____
E-Mail Address: _____	E-Mail Address: _____

**EQUIPMENT/PROCESS INFORMATION:** Type of Equipment:  Stationary  Portable, *if portable please enter below the equipment storage address.* If portable, will operation exceed 12 consecutive months at the same location  Yes  No

Equipment Location Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Parcel No. \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Site Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

General Description of Equipment/Process \_\_\_\_\_

Application Submitted by  Owner  Operator  Contractor  Consultant Affiliation \_\_\_\_\_

**EXPEDITED APPLICATION PROCESSING:**  I hereby request Expedited Application Processing and understand that:

a) Expedited processing will incur additional fees and permits will not be issued until the additional fees are paid in full (see Rule 40(d)(8)(iv) for details) b) Expedited processing is contingent on the availability of qualified staff c) Once engineering review has begun this request cannot be cancelled d) Expedited processing does not guarantee action by any specific date nor does it guarantee permit approval.

**I hereby certify that all information provided on this application is true and correct.**

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Print Name** \_\_\_\_\_ **Company** \_\_\_\_\_  
**Phone** ( ) \_\_\_\_\_ **E-mail Address** \_\_\_\_\_

**Internal Use Only**

Date _____	Staff Initials: _____	Amt Rec'd \$ _____	Fee Schedule _____
RNP: _____	EMF: _____	NBF: _____	TA: _____

GEN\_APP\_Form\_Rev Date: Oct. 2021