



North Coast Unified
Air Quality Management District
707 L Street
Eureka, CA 95501
(707) 443-3093 | ncuaqmd.org

APPLICATION FORM 1300

Authority to Construct, Modification of Existing
Permit, Permit Renewal, and
Change of Ownership or Location

(Depending upon the source type, additional forms may be
required – see Section VII)

Section I – Application Request

This application is for the purpose of (check all that apply):

- | | | |
|--|---|---|
| ☐ New Construction | ☐ Modification of Equipment or Permit Conditions | ☐ Change of Location |
| ☐ Change of Permittee/Owner | ☐ Existing Equipment without a Permit | ☐ Title V Permit Renewal |

Estimated construction start date:

Estimated construction completion date:

Section II – Owner/Operator/Responsible Official

Legal name of Owner/Operator:

Legal name of Responsible Official (if different than listed above):

Responsible Official's phone number:

Responsible Official's email address:

Company mailing address:

City/State:

Zip:

Permit mailing address (if different from company mailing address):

City/State:

Zip:

Contact person:

Title:

Contact person's phone number:

Contact person's email address:

Billing address (if different from company mailing address):

City/State:

Zip:

Billing person:

Title:

Billing person's phone number:

Billing person's email address:

Are you the owner of the equipment under this application?

- ☐ Yes ☐ No If no, enter the company's name (see Section IX)

Section III – Facility Information			
Facility name:		Facility physical address:	
Facility latitude & longitude:		City/State:	Zip:
Type of business at this address:	Primary Standard Industrial Code (SIC) for this facility: (Internet search: http://www.osha.gov/oshstats/sicser.html)		Number of employees at facility:
Section IV – Facility Location			
Detailed driving directions from nearest California town (attach roadmap if necessary):			
Facility is _____ (distance) miles _____ (direction) of _____ (nearest town)			
Status of land at facility (check one): ☐ Private ☐ Tribe/Rancheria ☐ Government			
Name of nearest Class 1 area to the facility (see map):			
Is your facility within 10 km of the boundary of nearest Class 1 area (see map)? ☐ Yes ☐ No			
Distance to the nearest occupied residence or business: _____ ft. K-12 school _____ ft.			
Is emission generating equipment within 1,000 feet of the outer boundary of a school? ☐ Yes ☐ No			
If yes, complete for all public or private schools, grade K-12, within a ¼ mile radius of facility property. School name(s): _____ Address(es): _____ Phone(s): _____			
Section V – Applicable Laws, Regulations, and Existing Permits			
Does the facility have a District permit(s)? ☐ Yes ☐ No If yes, the permit number is:			
Does this facility have a Title V permit(s)? ☐ Yes ☐ No If yes, submit Form 1313 & Compliance Cert. Series			
A) Is this a “major source” under Title V of the federal Clean Air Act? (District Rule 501) ☐ Yes ☐ No ☐ Unsure			
B) Is this source subject to a federal NSPS or NESHAP/MACT? (District Rule 104) ☐ Yes ☐ No ☐ Unsure			
C) Is this a significant net increase in emissions? (District Rule 110 Section E) ☐ Yes ☐ No ☐ Unsure			
D) Is this application in response to a Notice of Violation (NOV) or a Notice to Apply (NTA)? ☐ Yes ☐ No If yes, date: _____ Tracking #: _____			
<i>If you answered “yes” or “unsure” to A, B, C, or D, contact the District to see if a pre-application meeting is required.</i>			
Section VI – Other Information			
Does this facility emit any substance listed pursuant to Section 44321 of the Health and Safety Code? ☐ Yes ☐ No If yes, contact District Staff to determine if a health risk assessment is required.			
Is this project subject to the California Environmental Quality Act (CEQA)? ☐ Yes ☐ No			

Is there any information requested by this application that might be considered to be "trade secrets" that you don't wish to make public? ☐ Yes ☐ No

If yes, attach documentation to describe and support your claim.

This question must be answered for all applications for new construction or significant modifications.

Are all major sources under same ownership in California in compliance with federal, state, and local air pollution control rules? ☐ Yes ☐ No ☐ N/A

Section VII – Emission Device/Source Description – Supplemental Information

Indicate the type of device by marking the box. For each type of device used, complete the corresponding form. Form 1300B is required for all devices except Fuel Dispensing and Storage Equipment (Form 1306).

- | | |
|--|---|
| ☐ 1300 A (Reserved) | ☐ 1307 Vapor Extraction Projects |
| ☐ 1300 B Emissions, Fuel and Process Materials | ☐ 1308 Miscellaneous Devices |
| ☐ 1301 Internal Combustion Equipment | ☐ 1309 Aggregate Plant |
| ☐ 1302 External Combustion Equipment | ☐ 1310 Hot Mix Asphalt Plant |
| ☐ 1303 Particulate Matters (PM10) Control Equipment | ☐ 1311 (Reserved) |
| ☐ 1304 Volatile Organic Compound Control Equipment | ☐ 1312 Gasoline Bulk Storage Facility |
| ☐ 1305 Scrubber | ☐ 1313 Title V & Compliance Cert. Series |
| ☐ 1306 Fuel Dispensing and Storage Equipment | ☐ 1314 (Reserved) |

Section VIII – Equipment Description (not required if using Form 1306)

Unit Number	Source Description	Make	Manufacturer Model Number	Serial Number	Manufacture Date	Rated Capacity

Section IX - Certification

I hereby certify that all information and data provided on this application form and all supplemental District Forms, as well as any technical drawings, emissions calculations, or other supplemental information submitted as part of this application, are true and as accurate as possible, to the best of my knowledge and professional expertise and experience.

Signature of Preparer:

Date Signed:

Type/print name of Signatory:

Title:

Phone:

If this application was prepared by person(s) other than the owner/operator/responsible official, it is not necessary to obtain the signatures listed below. Instead, attach documentation from the owner/operator/responsible official authorizing the preparer to sign on their behalf.

Signature of Owner/Operator/Responsible Official:

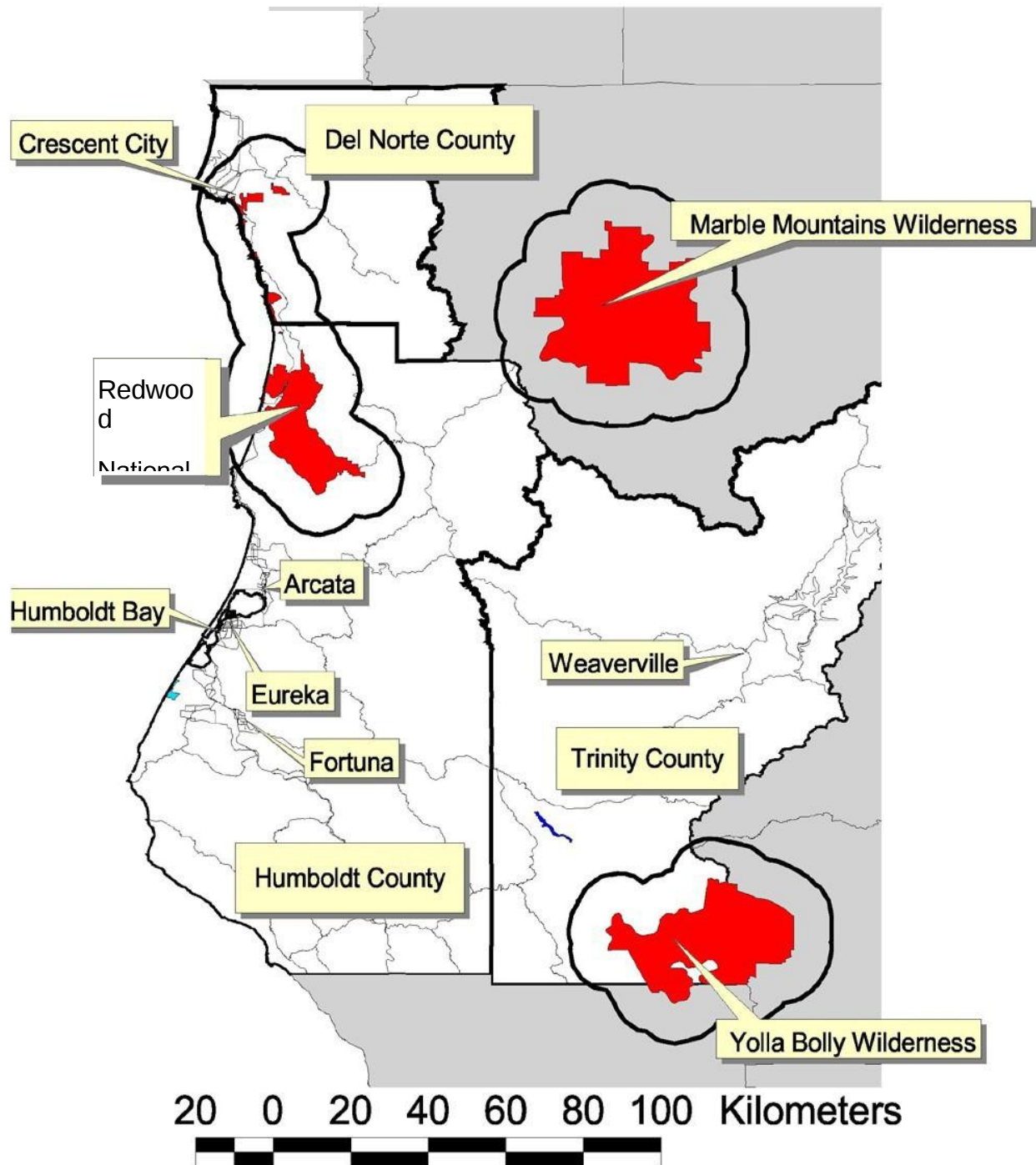
Date Signed:

Type/print name of Signatory:

Title:

Phone:

CLASS I AREAS
WITH 10 KILOMETER BUFFER ZONES



Source:US EPA