



PERMIT APPLICATION COVER FORM

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

Mail to: BAAQMD Engineering Division 939 Ellis Street, San Francisco, CA 94109

Tel: (415) 749-4990

- This form must be submitted with all permit application packages.
New facilities must submit a Facility Creation Form and Facility Contacts Form with this Permit Application Cover Form and any other permit application forms.

1. Application Title - For registrations, do not use this form. Apply online at www.baaqmd.gov

Application Title

Project Description (Optional)

2. Facility Identification

Facility Name BAAQMD Facility ID (Existing facilities only)

3. Application Contact - Select existing contact or fill out information below.

Same as Owner Contact Same as Operator Contact

Form with fields: First Name, Last Name, Business Name of Contact, Contact Title, Address Line 1, Address Line 2, City, State, Zip Code, E-mail Address, Primary Phone, Alternate Phone, Fax Number.

4. Small Business & Green Business Certifications (Optional)

Small Business Eligibility - This section does not apply to gas dispensing facilities.

Does the facility identified in Part 2 above:

- Employ 10 employees or less?
Have a gross annual income less than or equal to \$750,000?
Affiliated with another company?
If yes, does the affiliated company employ 10 employees or less?
If yes, does the affiliated company have a gross annual income less than or equal to \$750,000?

Green Business Certification

Is the facility identified in Part 2 above currently certified under the Bay Area Green Business Program as coordinated by the Association of Bay Area Governments and implemented by participating counties?

If yes, submit a copy of the current Green Business Certification.

5. Proximity to a K-12 School

Are any of the devices in this permit application within 1,000 feet of the outer boundary of a school, where a school is defined as kindergarten through Grade 12?

Yes No



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6. CEQA – If yes to either question below, complete and submit the CEQA worksheet at the end of this form.

- A. Has another public/regulatory agency prepared, required preparation of, or issued a notice regarding preparation of a California Environmental Quality Act (CEQA) document...
B. Are there any other projects, prior or current, for which either of the following statements is true?
• The project that is the subject of this application could not be undertaken without the other project(s),
• The other project(s) cannot be undertaken without the project that is the subject of this application.

7. Application Billing Contact - Select existing contact or fill out information below.

Same as Owner Contact Same as Operator Contact Same as Billing Contact

Form with fields for First Name, Last Name, Business Name of Contact, Contact Title, Address Line 1, Address Line 2 (Optional), City, State, Zip Code, E-mail Address, Primary Phone, Alternate Phone, Fax Number.

8. 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.

Form with fields for Name, Title, Signature, Date, Phone (xxx-xxx-xxxx).



**BAY AREA AIR QUALITY MANAGEMENT DISTRICT
CEQA Worksheet**

Required if answered "Yes" to either question in Part 6 of Permit Application Cover form.

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Engineering Division
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1. CEQA Documentation (Skip if you answered NO to Part 6A on Permit Application cover form.)

Document or Notice Type (Choose one)

- | | | |
|-----------------------------|-------------------------|----------------------|
| Environmental Impact Report | Initial Study | Negative Declaration |
| Notice of Completion | Notice of Determination | Notice of Exemption |
| Notice of Preparation | Other (specify): | |

Date of Document/Notice or Expected Date of Completion	Electronic Link to document, if available (e.g., http://www.example.com)	
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 all available documentation with this worksheet.

2. Related Projects (Skip if you answered NO to Part 6B on Permit Application cover form.)

List and describe all other prior or current projects that are related to the project that is subject to this application.

Name of Related Prior or Current Project	BAAQMD Application # (if applicable)
Description of Related Project	
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Description of Related Project	
Name of Related Prior or Current Project	BAAQMD Application # (if applicable)
Description of Related Project	

3. 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	
Signature	Date	Phone (xxx-xxx-xxxx)