BAY AREA AIR QUALITY MANAGEMENT DISTRICT

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 <u>Facility Creation Form</u> and <u>Facility Contacts Form</u> with this <u>Permit Application Cover</u> and any other permit application forms.

Project Description (Optional) 2. 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 First Name Last Name Business Name of Contact (if different from facility) Contact Title Address Line 1 Address E-mail Address Primary Phone (xxx-xxxxx) Alternate Phone (optional) Fax Number (Optional) 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?	1.	Application Title – For registrations, do not use this form. Apply online at www.baaqmd.gov								
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BAY AREA AIR QUALITY MANAGEMENT DISTRICT

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

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

- A. Has another public/regulatory agency prepared, required preparation of, or issued a notice regarding preparation of a California Environmental Quality Act (CEQA) document (initial study, negative declaration, environmental impact report or other CEQA document) that analyzes impacts of this project or another project of which it is a part or to which it is related? Yes No
- 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. Yes No

7.	Application Billing Contact	 Select existing contact o 	or fill out inf	formation below.
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Same as Owner Contact Same as Operator Contact Same as Billing Contact

First Name	L	Last Name					
Business Name of Contact (If different from facility)				Contact Title			
Address Line 1			Address Line 2 (Optional)				
City			State			Zip Code	
E-mail Address							
Primary Phone (xxx-xxx-xxxx)	Alternate Phone (optiona)		Fax Number (Optional)	
	•			<u> </u>		•	

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.

4.74 007.000		
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.

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

e or print. Tel: (415) 749-4990

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

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 L	ink to document, if av	vailable (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	
Name of Related Prior or Current Project	BAAQMD Application # (if applicable)
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)