



# COUNTY OF GLENN

## Air Pollution Control District

Marcie Skelton, Air Pollution Control Officer/CUPA Director  
720 N. Colusa Street ♦ P.O. Box 351 ♦ Willows, CA 95988  
(530) 934-6500 ♦ Fax (530) 934-6503  
www.countyofglenn.net

### AUTHORITY TO CONSTRUCT APPLICATION (EMERGENCY USE STAND-BY GENERATOR)

- A \$130.00 FILING FEE IS DUE UPON SUBMITTAL OF THIS APPLICATION
- ALL REQUESTED INFORMATION MUST BE COMPLETED IF APPLICABLE (INCLUDING ATTACHED ADDITIONAL INFORMATION FORM)
- ALL AVAILABLE EQUIPMENT MANUFACTURERS ENGINEERING SPECIFICATIONS MUST BE INCLUDED OR AVAILABLE UPON REQUEST
- IF ADDITIONAL ENGINEERING, EVALUATION, AND REVIEW IS NEEDED, ACTUAL COST THEROF MAY BE CHARGED TO APPLICANT

Date: \_\_\_\_\_ Project Name: \_\_\_\_\_

**1. Application for a Permit to:** (please check one)

Construct \_\_\_\_\_ Alter/Modify \_\_\_\_\_ Name/Owner Change \_\_\_\_\_ Change Location \_\_\_\_\_

**2. Is This a New Facility?** Yes No

**3. Are You Changing Equipment on an Existing Facility?** Yes No

**4. Expected Date of Construction/Installation Completion:** \_\_\_\_\_

**5. Contact Information:**

Business Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Facility Address/Location (plus GPS): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**6. Emergency Contacts:** (day or night)

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_



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7. General Type/Nature of Business: \_\_\_\_\_

8. Specific Engine Information: (fill in applicable fields)

Fuel Type (circle): Diesel Natural Gas Gasoline Liquid Propane Other: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Model Year: \_\_\_\_\_

Engine Family Number: \_\_\_\_\_ Engine Tier: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Maximum Horsepower: \_\_\_\_\_ Expected Horsepower: \_\_\_\_\_ Fuel Consumption: \_\_\_\_\_

Turbocharger: yes no Other Air Pollution Control Device/Retrofit: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year Installed: \_\_\_\_\_

9. Expected Maintenance and Testing Schedule: (fill in applicable fields)

Equipment Maintenance Schedule: \_\_\_\_\_ hour(s) per day \_\_\_\_\_ day(s) per week \_\_\_\_\_ week(s) per year

Other Maintenance/testing Schedule: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

*"I certify that all sources having a potential to emit in excess of 25 tons per year in the State of California that is owned, operated, or controlled by this entity are in compliance with all applicable emission limitations and standards."*