



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 (PRIME POWER 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 _____



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Name _____ Title _____ Phone _____

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."