



Application Cover Form – “P-101B form”

All fields are required unless otherwise noted. Please type or print. No information provided on this form can be marked trade secret.

Send to: BAAQMD Engineering Division 375 Beale St., Suite 600 San Francisco, CA 94105 Email: permits@baaqmd.gov Phone: (415) 749-4990

1. Facility and Project Information

If this facility does not have a current BAAQMD permit or active permit application (new facility), fill out the Facility Creation and Contacts Form part of this form.

Facility Name, Facility ID, Application Title, Equipment/Project Location

2. Application Contact

First Name, Last Name, Business Name, Contact Title, Address, City, State, Zip Code, E-mail Address, Primary Phone, Alternate Phone, Fax Number

3. Proximity to a School (K-12)

Is the equipment/project located within 1,000 ft of the outer boundary of the nearest school? Yes No

4. Additional Information: The following additional information is required to complete all permit applications and should be included with your submittal.

- A facility map with street address or location and the property boundary... Equipment/project description... Discussion and/or calculations of air pollutant emissions...

5. Small Business Certification (optional): If the facility identified in Part 1 qualifies as a small business as defined in Regulation 3, certify by checking both boxes that your business meets all the following criteria.

- The business does not employ more than 10 persons and its gross annual income does not exceed \$750,000. And the business is not an affiliate of a non-small business.

6. Green Business Certification (optional): If the facility identified in Part 1 has been certified as a Green Business by the Association of Bay Area Governments and implemented by participating counties, check the box & include your documentation.

- Green Business certificate included



BAY AREA AIR QUALITY MANAGEMENT DISTRICT

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7. Accelerated Permitting (optional): The Accelerated Permitting Program entitles you to install and operate qualifying sources of air pollution and abatement equipment while your permit application is being processed. To qualify for this program, you must certify that your project will meet all of the following criteria. Please acknowledge each item by checking each box.

- Uncontrolled emissions of any single pollutant are each less than 10 lb/highest day, or the equipment has been pre-certified by the BAAQMD.
Emissions of toxic compounds do not exceed the trigger levels identified in Table 2-5-1 (see Regulation 2, Rule 5).
The source is not a diesel engine
The project is not subject to public notice requirements (the source is either more than 1000 ft. from the nearest school, or the source does not emit any toxic compound in Table 2-5-1 of BAAQMD Regulation 2, Rule 5).
For replacement of abatement equipment, the new equipment must have an equal or greater overall abatement efficiency for all pollutants than the equipment being replaced.
For alterations of existing sources, the requested change does not result in an increase in emissions for all pollutants.
Payment of all applicable permit application fees (the minimum permit fee to install and operate each source). See Regulation 3 or contact the Engineering Division for help in determining your fees.

8. CEQA Please answer the following questions pertaining to CEQA (California Environmental Quality Act).

A. Has another public 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? If no, go to section 8B. Describe the document or notice, preparer, and date of document or expected date of completion:

\_\_\_\_\_

B. List and describe any other permits or agency approvals required for this project by city, regional, state or federal agencies

\_\_\_\_\_

C. List and describe all other prior or current projects for which either of the following statements is true: (1) the project that is the subject of this application could not be undertaken without the project listed below, (2) the project listed below could not be undertaken without the project that is the subject of this application:

\_\_\_\_\_

9. Trade Secret Information: Under the California Public Records Act, all information in your permit application will be considered a matter of public record and may be disclosed to the public, unless you have asked BAAQMD to treat certain items as trade secret as specified in Regulation 2, Rule 1, Section 402.7.

Does this application contain Trade Secret information? Yes No

- Each page containing trade secret information must be labeled “trade secret” with the trade secret information clearly marked and you must provide a “public copy” with the information redacted.
For each item asserted to be trade secret, you must provide a statement which provides the basis for your claim.

10. Certification/Signature

I hereby certify that I am authorized to complete this form for the facility and that all information contained herein is true and correct. I acknowledge that all documentation in this application submittal is a matter of public record unless otherwise indicated per Section 9 of this form.

Table with 3 columns: Name, Title, Signature, Date (mm/dd/yy), Phone (xxx-xxx-xxxx)



## Instructions: Application Cover Form – “P-101B” and “Facility Creation Form and Contacts”

### Introduction

Use the following instructions to guide you through the ***Application Cover Form – P-101B and Facility Creation and Contacts Form*** and in assembling an application packet.

### Minimum Requirements

**Failure to submit the minimum forms in the format specified will result in the return of all submitted material.**

The minimum submittal requirements to create an application with BAAQMD are:

1. Application Cover Form: P-101B
2. Facility Creation Form (For first time permittees only) and Facility Contacts Form (For first time permittees, but can be used to update contacts for existing facilities with permits – See Next Sections)
3. Cover letter on company letterhead describing the project
4. At least one (1) Data Form or a Permit Condition Change Request form
5. If the application contains Trade Secret information, submit the documents specified under Trade Secret section of this form.

**Electronic submittals (preferred):**

- Attachments must be PDF files only.
- Email plus attachments is limited to under 35 MB in size.

**Paper submissions:**

- No staples
- Two (2) copies of all data forms must be provided
- Paper size limited to 11”x17” size

### Other Forms

**Forms you may want to include in your application:**

- HRA Form – Health Risk Assessments
- Form APPENDIX H- CEQA Information
- Permit Condition Change Request Form
- **Data Forms-** Source Information (if applicable)
  - Form A- Abatement Device
  - Form C- General Combustion Device
  - Form G- General Source
  - Form ICE: Internal Combustion Engines
  - Form S: Coating & Solvent Sources
  - Form T: Tank Devices
  - Form P: Emission Point
  - Boiler Registration form

### Trade Secret information

If your application has extensive areas marked Trade Secret, this may delay the acceptance of your application.

**To claim information as Trade Secret, please provide the following:**

1. Rationale for each Trade Secret claim per the Government Code 6254.7
2. A “Trade Secret” Copy identifying the item
3. A “Public Copy” containing the redactions of the trade secret information

### Where to Send?

Email your application materials to [permits@baaqmd.gov](mailto:permits@baaqmd.gov) or mail to:  
**BAY AREA AIR QUALITY MANAGEMENT DISTRICT**  
Engineering Division  
375 Beale St., Suite 600  
San Francisco, CA 94105

### Still need help?

Call the Engineering Division at (415) 749-4990 or email [permits@baaqmd.gov](mailto:permits@baaqmd.gov)



**FACILITY CREATION FORM**

For new facilities or facilities not currently permitted by BAAQMD

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

**Mail to:**  
BAAQMD  
Engineering Division  
375 Beale St., Suite 600  
San Francisco, CA 94105

Tel: (415) 749-4990

➤ A **Facility Contacts Form** must also be submitted with this form.

**1. Facility Name**

Facility Name

**2. Ownership and Business Type**

Owning Entity

Type of Business (Select one)

- Corporation
- Partnership
- Sole proprietorship
- Federal government
- State government
- Local government

**3. Facility Physical Address/Location**

This facility does not have a street address. If checked, submit map with location marked. (See instructions)

Street Address or Intersection or Nearest Street		
Address Line 2 (Optional)		
City	State	Zip Code
	CA	

**4. North American Industry Classification System Code**

Enter your facility's primary NAICS code.

NAICS Code (6 digits)

**5. 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)

**BAAQMD Office Use Only – Skip this section**

BAAQMD Facility ID



**FACILITY CONTACTS FORM**

For contacts at new facilities and updates to existing facility contacts

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

**Mail to:**  
BAAQMD  
Engineering Division  
375 Beale St., Suite 600  
San Francisco, CA 94105

Tel: (415) 749-4990

**1. Purpose of submitting this form**

This form is being submitted to: (Select one)

- Provide information on facility contacts for a new facility. (Complete all sections)
- Update information on current facility contacts (Complete Parts 1, 2, 6 and applicable contact sections)

**2. Facility Name**

Facility Name	BAAQMD Facility ID (except new facilities)

**3. Owner Contact**

First Name		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 (optional)	Fax Number (Optional)

**4. Operator Contact – Select existing contact or fill out information below.**

Same as Owner Contact

First Name		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 (optional)	Fax Number (Optional)



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Tel: (415) 749-4990

**5. Billing 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 Line 2 (Optional)	
City	State	Zip Code	
E-mail Address			
Primary Phone (xxx-xxx-xxxx)	Alternate Phone (optional)	Fax Number (Optional)	

**6. 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)



## Instructions: Facility Creation Form

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**Introduction** Use the following instructions to help guide you through the **Facility Creation form**. You must submit a Facility Contacts form as well as this form. The Facility Contacts form can be used to update Facility Contacts at an existing facility.

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**Who should use this form?** This form is for:

- New facilities, not previously permitted by BAAQMD at that location/address.
- Currently permitted facilities that will be changing locations. BAAQMD permits are not transferrable. A new permit application is required.
- If applicable, submission with the **Transfer of Ownership form**. See instructions

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**Owning Entity & Type of Business** **Owning Entity** - The individual, partnership, limited liability company, corporation, or other entity that owns or controls the permitted equipment and is responsible for the permit to operate. If no fictitious name is used, the owner can be the same name as the facility name above.

**Type of Business**

A partnership is an association of two or more persons to carry on as co-owners. A sole proprietorship is owned and run by one individual and in which there is no legal distinction between the owner and the business.

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**Facility Physical Address** If your facility does not currently have a physical address, enter a cross street or nearest street along with the city and zip code. Submit a map, outlining the physical boundaries of your property in addition to the form.

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**North American Industry Classification System (NAICS) code** NAICS is the standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. This code represents the primary operation of your business, NOT the primary device permitted by BAAQMD. Go to [www.census.gov/eos/www/naics/](http://www.census.gov/eos/www/naics/) to lookup the specific NAICS code for your facility.

Below are common NAICS codes:

811121	Automotive Body, Paint, and Interior Repair and Maintenance
812320	Dry Cleaning and Laundry Services (except Coin-Operated)
447110	Gas dispensing facility with Convenience Stores
447190	Gas dispensing facility without Convenience Stores

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**Still need help?** Call the Engineering Division at (415) 749-4990.

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