

Instructions: Application Cover Form, CEQA Worksheet, and Appendix H Form

Introduction	Use the following instructions to help guide you through the Application Cover Form, California Environmental Quality Act (CEQA) Worksheet, and Appendix H Form.
	Failure to submit the minimum forms in the format specified will result in the return of all submitted material.
Minimum Requirements	 The minimum submittal requirements to create an application with BAAQMD are: Application Cover Form Facility Creation Form (for first time permittees only) Facility Contacts Form (for first time permittees and those who wish to update existing facility contacts) Cover letter on company letterhead describing the project At least (1) Device Form or a Permit Condition Change Request Form If the application contains Trade Secret information, submit the documents specified under the 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 Submittals: No staples Two (2) copies of all data forms must be provided Paper size limited to 11" x 17" size
	Forms you may want to include in your application:
	Health Risk Assessment (HRA) Form
Other Forms	 Emission Point Form CEQA Worksheet
Other Forms	Appendix H Environmental Information Form
	 Permit Condition Change Request Form Device Forms – Emissions source Information (if applicable)
Application Information	 Application Title – Provide a title that identifies this application. Notice of Violation (NOV) # – Provide the NOV number if this application is related to an NOV received from a BAAQMD inspector. Project Description – Provide a detailed project description, either in this section or in an attached document. Equipment/Project Location – This section is for campus-style facilities with multiple devices.
Facility Identification	 BAAQMD Facility ID – The facility ID number is available on any permit or invoice issued by BAAQMD. This can be found in the upper right of the permit or the invoice. If this application is for a new facility (not currently permitted by BAAQMD), you must also submit <i>Facility Creation Form</i> and <i>Facility Contacts Form</i>.



Application Contact	 The Application Contact will be responsible for the permit application during processing. For existing facilities, you may use an existing Owner, Operator, or Billing contact as Application Contact. For new facilities, your contacts should be identified on your <i>Facility Contacts Form</i>.
Small Business & Green Business Certifications	This section is optional. The questions refer to the facility that the permits will be issued to, not any third party filling out the forms on behalf of the facility. Small Business Question – This section does not apply to Gas Dispensing Facilities (GDFs).
Public Notification (Reg. 2-1-412)	You are required to identify whether the devices/operations in the permit application (specifically the emission points/outlets) are within 1000 ft of the outer boundary of a kindergarten through 12 th grade school, as your application may be subject to Public Notice requirements. Suggested online places to find school locations are <u>www.greatschools.org</u> or school locator using Google Earth.
	Your application may also be subject to Public Notice requirements if the facility is located within an Overburdened Community (OBC) as defined by Regulation 2-1-243 and a Health Risk Assessment is required.
Trade Secret Information (Reg. 2-1-402.7)	 In order to declare information included in your application as trade secret, you must provide the following: Two copies of each page containing trade secret information: one labeled "Trade Secret" with each trade secret item clearly marked one labeled "Public Copy" with each trade secret item redacted Rationale for each Trade Secret claim per the Government Code Section 6254.7(d)
California Environmental Quality Act (CEQA)	Question 7B – This is to identify whether this application is a smaller part of a larger project that could trigger CEQA when considered as a whole.
CEQA Worksheet	 Lead Agency – The primary authority to implement or approve a project, such as when it adopts air quality plans for the region, issues stationary source permits, or adopts rules and regulations. Related Projects – If the related projects were also submitted as separate BAAQMD permit applications, provide the application number as it was assigned. The number was also provided on the Authority to Construct permit if it was issued.
Still need help?	Contact the Engineering Division: (415) 749-4990 permits@baaqmd.gov



Bay Area Air Quality Management District PERMIT APPLICATION COVER FORM

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

- > This form must be submitted with all permit application packages.
- > New facilities must also submit a **Facility Creation Form** and **Facility Contacts Form**.

1. Application Information

Application Title	Notice of Violation (NOV) # (If applicable)			
Project Description				
Equipment/Project location in relation to facility location (e.g. NW corner of facility campus, Building 10, etc.) (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	\Box Same as Operator Contact		Same as Billing Contact		
First Name	Las	st Name			
Business Name of Contact (If different from facility)				Contact Title	
Address Line 1	s Line 1 A		Add	ddress Line 2 (Optional)	
City	,			State	Zip Code
Email Address		Prima	ry Ph	one (xxx-xxx-xxxx)	Alternate Phone (Optional)

4. Small Business & Green Business Certifications (Optional) – This section does not apply to Gas Dispensing Facilitie

Sinal business & Green business certifications (Optional) – This section does not apply to Gas Dispensing Facility	lies	
 A. Does the facility identified in Part 2 above qualify as a small business? Must employ 10 employees or less and have a gross annual income of less than or equal to \$750,000 Must not be affiliated with a non-small business (note: a non-small business employs more than 10 persons <u>and/or</u> has a gross income exceeding \$750,000) 	O Yes	O No
B. Is the facility currently certified under the Bay Area Green Business Program as coordinated by the California Green Business Network? If yes, submit a copy of the current Green Business certificate.	O Yes	O No
Public Notification (BAAQMD Regulation 2-1-412)		
Are any of the devices in this application within 1,000 feet of the outer boundary of a school (K-12)?	O Yes	O No
Trade Secret Information (BAAQMD Regulation 2-1-402.7)		

Under the California Public Records Act, all information in your permit application will be considered a O Yes O No matter of public record and may be disclosed to the public, unless you have requested that certain items are treated as trade secret. Does this application contain Trade Secret information?

- □ If yes, check to confirm each page containing trade secret information has been labeled "<u>trade secret</u>" with the trade secret information clearly marked, and a labeled and redacted "<u>public copy</u>" has been provided.
- □ If yes, check to confirm a statement of basis for each item asserted to be trade secret has been provided.

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7. California Environmental Quality Act (CEQA)

- If you answer YES to <u>either</u> question below, complete and submit the attached CEQA Worksheet.
- If you answer NO to <u>both</u> questions below, complete and submit the attached Appendix H (Environmental Information) Form, unless you have determined that: (1) this project will not trigger a health risk assessment per Rule 2-5 and (2) the project will not trigger a Best Available Control Technology determination per Rule 2-2.
 - A. Has another public/regulatory agency prepared, required preparation of, or issued a notice O Yes O No regarding preparation of a 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?
 - B. Are there any other projects, prior or current, for which either of the following statements is true? O Yes O No
 - The project identified in this application could not be undertaken without the other project(s).
 - The other project(s) cannot be undertaken without the project identified in this application.

8. Additional Agency Permits or Approvals

Are there any other permits, agency approvals, or land use approvals required for this project by city, O Yes O No regional, state, or federal agencies? If yes, please list the agency name(s) and permit number(s) below:

9. Accelerated Permitting (BAAQMD Regulation 2-1-302.2) (Optional)

An applicant seeking a permit for a new, modified, or altered source that meets the below requirements may apply for a temporary Permit to Operate under the Accelerated Permitting Program by submitting the following:

- 1. an Application Cover Form and any source data form(s),
- 2. payment of applicable fees (by paper check with forms or by paying online after being invoiced),
- 3. a certification that the source meets all of the requirements of the selected category,
- 4. a certification that the source is not subject to BAAQMD Regulations 2-1-316 through 2-1-319,
- 5. a certification that the applicant has reviewed all applicable New Source Performance Standards (NSPS) and has determined that the application will comply.

Please check the box for the category that describes your project:

- □ A new source or a modification of an existing source if the following conditions are satisfied:
 - Uncontrolled emissions of POC, NPOC, NOx, SO2, PM2.5, PM10, or CO are less than 10lbs/day, or the equipment was pre-certified by BAAQMD.
 - Uncontrolled emissions of toxic compounds do not equal or exceed trigger levels identified in Table 2-5-1.
 - The project is not subject to public notice requirements (Reg 2-1-412) (see attached Instructions).
- □ Replacement of abatement equipment that will not increase the potential to emit any regulated air pollutant from the abatement device and the source(s) whose emissions it abates.
- An alteration of existing sources that does not result in an increase in emissions for any pollutants (Reg 2-1-233).

10. 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)



Bay Area Air Quality Management District

CEQA Worksheet

(0)

Required if answered YES to either question in Part 7 of Permit Application Cover Form. All fields are required unless otherwise noted. Please type or print.

Email to: permits@baaqmd.gov

Mail to: BAAQMD Engineering Division 375 Beale Street, Suite 600 San Francisco, CA 94105

Tel: (415) 749-4990

1. CEQA Documentation (Skip if you answered NO to Part 7A on the Permit Application Cover Form)

Document or Notice Type (Choose one)	:	
O Environmental Impact Report	O Initial Study	O Negative Declaration
O Notice of Completion	O Notice of Determination	O Notice of Exemption
O Notice of Preparation	O Other:	

Date of Document/Notice	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 Agenc		Lead Agency Contact E-mai	l 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 7B on the 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)



Bay Area Air Quality Management District APPENDIX H Environmental Information Form

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Email to: permits@baaqmd.gov Mail to: BAAQMD Engineering Division 375 Beale Street, Suite 600 San Francisco, CA 94105

Tel: (415) 749-4990

- > This form is required:
 - If you answered NO to both questions under Part 7 of the Permit Application Cover Form,
 - AND any new or modified source identified in this application has the potential to emit 10 lbs/day or more of a District BACT pollutant per Rule 2-2.

1. General Information

Name and address of developer or project sponsor	Assessor Block and Lot Number
Address of Project (street, city, state and zip code)	Existing Zoning District

2. Project Details Required

In Part 3 of this form, project description <u>must</u> include:

- Size site/square footage (sq ft)
- Number of floors of construction
- Amount of off-street parking provided
- Attach project plans
- Proposed scheduling
- Associated projects
- Anticipated incremental development
- Describe the project site as it exists before the project, including information on topography, soil stability, plants and animals, and any cultural historic or scenic aspects, including existing structures and their use (attach photos of site)
- Describe the surrounding properties, including information on plants and animals, and any cultural, historic, or scenic aspects, including type of land use (residential, commercial, etc.), intensity of land use (one-family, apartment houses, shops, etc.), and scale of development (height, frontage, set-back, rear yard, etc.) (attached photos of vicinity)
- If residential, include number of units, schedule of unit sizes, range of sale prices or rents, and household size expected
- If commercial, indicate type, whether neighborhood/city/regionally oriented, sq ft of sale area, and loading facilities
- If industrial, indicate type, estimated employment per shift, and loading facilities
- If institutional, indicate the major function, estimated employment per shift, estimated occupancy, loading facilities, and community benefits to be derives from the project
- If the project involves a variance, conditional use, or rezoning application, state this and indicated clearly why the application is required

Are the following items applicable to the project or its effects? If YES is selected, discuss in the project description below.

a.	Change in existing features of any bays, tidelands, beaches, or hills, or alteration of ground contours?	O Yes	O No
b.	Change in scenic views or vistas from existing residential areas or public lands or roads?	O Yes	O No
c.	Change in pattern, scale, or character of general area of project?	O Yes	O No
d.	Significant amounts of solid waste or litter?	O Yes	O No
e.	Change in dust, ash, smoke, fumes, or odors in vicinity?	O Yes	O No
f.	Change in ocean, bay, lake, stream, or groundwater quality or quantity, or alteration of existing drainage patterns?	O Yes	O No
g.	Substantial change in existing noise or vibration levels in the vicinity?	O Yes	O No
h.	Site on filled land or on slope of 10% or more?	O Yes	O No
i.	Use or disposal of potentially hazardous materials (toxic substances, flammables, or explosives, etc.)?	O Yes	O No
j.	Substantial change in demand for municipal services (police, fire, water, sewage, etc.)?	O Yes	O No
k.	Substantial increase in fossil fuel consumption (electricity, oil, natural gas, etc.)?	O Yes	O No
I.	Relationship to larger project or series of projects?	O Yes	O No



Bay Area Air Quality Management District APPENDIX H Environmental Information Form

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Tel: (415) 749-4990

3. Project Description – Attach a separate sheet for additional space

Describe the project including all required details and additional items noted in Part 2 of this form:

4. 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)	