

AIR QUALITY MANAGEMENT DISTRICT

306 EAST GOBBI STREET UKIAH, CA 95482 (707) 463-4354 Fax (707) 463-5707

mcaqmd@co.mendocino.ca.us

NON-STANDARD AIR QUALITY BURN PERMIT APPLICATION FORM # 207.2612 Page 1

| Section I | TYPE OF AP | PLICATION | | |
|---|--|---|--|--------------------------------------|
| Select Type of Application: | | | | |
| Property Development Permi | t (PDP) (Clearing of vegetat | ion for development | or change of land use) | |
| ☐ Smoke Management Plan (SM | MP)* (More than 10 acres bro | oadcast or 50 tons pi | led fuels) | |
| Section II APPI | ICATION INSTRU | CTIONS (Also | review List & Criteria) | |
| A. This application must be fille ink. For permitting assistance B. Applications must be accompadditional information. C. This application must be sign responsible for the burn. Incomplete applications will dissues a Permit, and the application. D. Mail, fax, or e-mail the applications. | d out completely with e please call the Distriction anied by one copy of each by the owner/operadelay the review procestant has fully complied | all statements a et office at 463- each location m tor or a respons ss. No burning I with any pern | nnswered. Please type or pri-4354. It is part of the organization occur until the District in conditions | e District may request ation that is |
| Section III | APPLICANT | INFORMAT | TION | |
| Name of Business or Organization Permit Will be Issued to: | n (DBA) | | | |
| Legal Owner (if different from D | BA) | | | |
| Type of Ownership: Corporation | n Partnership | Sole Proprie | tor Government Agency | Other |
| Nature of Business | | | | |
| Mailing Address | | City: | State: | Zip: |
| Process Name: | | | door Burning | |
| Section IV | OBJE | CTIVE | | |
| Purpose of the Open Burning: | | | | |
| Estimated tons of Material to be b | ourned (a 10'x10'pile = | 1Ton approxi | nately) | |
| Type of Material to be burned | , and a company of the party of | | | |
| Estimated Starting Date: | | C | ompletion Date: | |
| Section V AUTHORIZED REPRESENTATIVE INFORMATION | | | | |
| | | | (District Use Only) District Re | eceipt Stamp: |
| Signature of Owner/Operator | Date | | | |
| Name (Please Print) | Title | | | |
| Telephone Number | Cell Phone | Number | 1 | |
| | | | Application #: | |
| Email address: | | | Facility ID #: | |



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Duplicate this page as necessary for additional locations. PROPERTY DEVELOPMENT PERMIT (PDP) INFORMATION **Section VI** Site Address: (map must be provided if no address) Nearest City/Town: Planning & Building Application # If no street address, please provide the following property information and a map Legal: T_____ R___ Sec____ APN(s): Number of Piles: Project Area: Total Project Fuel Loading: (tons vegetation) Type of Material being Burned: SMOKE MANAGEMENT PLAN (SMP) INFORMATION **Section VII** Site Address: Nearest City/Town: If no street address, please provide the following property information: THP #: ____ R____ Sec____ Legal: T__ Top Elevation: _____Ft. Describe access route to property: Bottom Elevation: _____Ft. Complete the following as applicable: Project Area (acres): Number of Piles: Average Pile Size: X Broadcast Area (acres): ______ Vegetation Fuel Load per Acre: _____ Total Project Fuel Loading:______ (tons vegetation) Vegetation Type (%): Brush ____ Timber Slash_____ Underbrush____ Grass____ Other (Describe):_____ **Vegetation Condition:** Machine Pile Slash / Landing Pile Treated Hand Pile Broadcast/ Standing Brush Other_____ CONDITIONS TO BE MET BEFORE BURNING: Burner must notify each of the following prior to ignitions: Mendocino Co. AQMD at 707-463-4354 ☐ Northern Sonoma Co. at 707-433-5911 ☐ Lake Co. AQMD at 707-263-7000. Ignite no more than _____/ ____ acres / piles at any time. | Burn no more than _____/ ___ acres / piles per day. Other: **District Use Only** Approved:

Title

Date

Signature



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Duplicate this page as necessary for each location.

| Section VIII BURN LOCATION MAP |
|--|
| Mark burn pile locations, access roads, approximate boundaries for broadcast burns, etc. |
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