



air pollution control district
SANTA BARBARA COUNTY

Written Exemption Request Form APCD -38

Santa Barbara County Air Pollution Control District
260 N. San Antonio Road, Suite A
Santa Barbara, CA 93110-1315
TEL: (805) 961-8800
Email: enqr@sbcapcd.org Web Site: www.ourair.org

Request for Written Determination of Permit Exemption

As provided for under the provisions of District Rule 202 (<http://www.ourair.org/wp-content/uploads/rule202.pdf>), certain equipment items do not require an air quality permit pursuant to District Rule 201. To obtain a written District determination that equipment intended to be installed/operated is exempt from Rule 201 permit requirements, please complete this form and return it to the above address with the applicable **one-time only processing fee of \$658**. Please note that the District's right to charge this fee is found in Rule 210.II.B; the fee amount is specified in Schedule F (item 11). Requests submitted with the required filing fee will be handled as quickly as possible. If your request for written determination is submitted without this fee, the District will return this request to you without action.

I, _____, am employed by or represent
(Type or Print Name)

(Type or Print Name of Business, Corporation, Co., Individual, or Agency)

and hereby submit an Exemption Request for (specify equipment/process): _____

Current or Previous Permit Number (if any): _____

The equipment listed above meets the requirements for the exemption indicated in Rule (Indicate the complete Rule #):
202. _____. _____. _____. _____, as listed on page ____, for the following reasons (Indicate the applicable equipment parameters relative to the exemption. Use a separate sheet if necessary.): _____

In order to process the exemption, submit the following additional information with your request:

- Full process description including process flow diagram and site diagram.
- Operational data (e.g. operating schedule, usage rates, engine rating, Btu/hr rating, storage capacity, etc.).
- Emission calculations and basis.
- Supporting documentation (e.g. MSDS, manufacturer data sheets, etc.).

I certify that all the information herein is true and correct.

Signature: _____ Title: _____

Date: _____ Phone: _____ e-mail: _____

Facility Address: _____

Mailing Address: _____

FOR APCD USE ONLY			DATE STAMP
FID		Exempt No.	
Project Name			
Filing Fee			