



air pollution control district  
SANTA BARBARA COUNTY

## Small Boilers & Process Heaters Application Form -60

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

### For Units Rated Less Than 5.0 Million Btu/hr and Installed Before 1/17/2008

*Application must be typewritten, computer generated, or hand printed in ink. Complete all pages of the application.*

**IMPORTANT:** To assure that your application is complete include all of the following when submitting this application:

- ✓ Application Fee \$862\*(one per facility) ✓ Complete all sections ✓ Signature on Application ✓ One Unit per Application
- \*Fee is COLA adjusted every July 1<sup>st</sup>

This application form is for the permitting of existing (installed prior to January 17, 2008) small boilers, process heaters and steam generators whose individual or combined (i.e., stacked) heat input rating is greater than 2.0 MMBtu/hr. See APCD Form -61 for new units rated less than 5.0 MMBtu/hr and APCD Form -33 for units rated at 5.0 MMBtu/hr and greater. Reference our Boiler webpage for additional resources (<http://www.ourair.org/boiler-heater-generator>).

#### 1. FACILITY NAME:

Facility Street Address \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Assessor Parcel Number(s)  
(APN) \_\_\_\_\_

#### 2. EQUIPMENT OWNER:

Contact Person: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

E-Mail: \_\_\_\_\_

#### 3. OTHER CONTACTS: Are the contacts below the same as Equipment Owner? If not, complete Section 14 below.

Operator:  Same as Owner

Inspections:  Same as Owner

Billing:  Same as Owner

Correspondence:  Same as Owner

#### 4. AUTHORIZED AGENT: Is this application filled out by an Authorized Agent? Yes No

If Yes, fill in Section 15.

#### 5. PURPOSE OF APPLICATION:

Existing Unit (installed prior to 1/17/2008). Use APCD Form – 61 for new units rated less than 5.0 MMBtu/hr.

#### 6. EQUIPMENT TYPE:

Hot-Water Boiler

Steam Boiler

Process Heater

Large Water Heater

Steam Generator

Other (describe): \_\_\_\_\_

#### 7. EQUIPMENT RATED HEAT INPUT: Provide the maximum rated hourly heat input from unit's nameplate in x.xxx format. Unless otherwise requested, daily and annual permit limits will be based on the potential to emit of the unit.

Hourly: \_\_\_\_\_ MMBtu/hr (example: 2.765 MMBtu/hr)

(District Use Only)

Date Received Stamp	APCD Application		
	Facility Number:	Permit No.	Filing Fee:
	Receipt No.	Check No.	
Facility Name:			Rule 202.E? [ ] Yes [ ] No



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**8. EQUIPMENT DATA:** Enclose a copy of the unit's data sheet and a photo of the nameplate, if available.

Installation Date: \_\_\_\_\_ Manufacture Date: \_\_\_\_\_ or Approx. Unit Age: \_\_\_\_\_

Mfgr: \_\_\_\_\_ Model: \_\_\_\_\_

Serial No: \_\_\_\_\_ Operator ID: \_\_\_\_\_ Building No: \_\_\_\_\_

Type Draft:  Forced Draft  Induced Draft  Natural Draft

Mode:  On/Off  High/Low Fire  Full Modulation

Fuel Used:  Utility Natural Gas  Produced Gas  Propane  Digester Gas

Other (describe): \_\_\_\_\_

Sulfur Content: \_\_\_\_\_ Units: ppmvd or % by weight (circle units) {data not required for utility gas or propane}

Does this unit utilize a backup fuel?  Yes  No. If Yes, state the fuel type and sulfur content below.

Backup Fuel: \_\_\_\_\_ Sulfur: \_\_\_\_\_ Units: ppmvd or % by weight (circle units)

Burner Information.  Check this box if this data is the same as the boiler/process heater or if not known

Mfgr: \_\_\_\_\_ Model: \_\_\_\_\_

Rating: \_\_\_\_\_ MMBtu/hr No. of Burners: \_\_\_\_\_

**9. FUEL METERING:** Units rated less than 5.0 MMBtu/hr have three options for tracking fuel use. Select one of the following for the unit described above in Section 8 above.

- Fuel Meter. A dedicated temperature and pressure corrected fuel meter. Gas utility company meters are generally not considered "dedicated" meters. A single meter that is connected to a combined grouping of units (i.e., stacked units) is considered dedicated. The permittee must obtain District approval of each fuel meter.

Manufacturer: \_\_\_\_\_

Meter Shared for a grouping of Units?

Model: \_\_\_\_\_

Temperature & Pressure Corrected?

Type: \_\_\_\_\_ *examples:* positive displacement (diaphragm/bellows), rotary (Roots type), turbine, orifice, mass flow, ultrasonic flow.

- Hour Meter. A dedicated hour meter or an electronic management system that is capable of tracking and logging the units time on/off. The permittee must obtain District approval of the hour meter system.

- Default Rating Method. This method does not require the use of a District approved meter. The amount of fuel used will be assumed to be equal to the permitted daily and annual heat input limit for the unit divided by the heating value of the fuel as specified by the District.

**10. UNITS RATED at 2.0 MMBtu/hr or LESS:** APCD permits are required for units rated at 2.0 MMBtu/hr or less if multiple units are grouped (i.e., stacked) for a common process. Contact the APCD if you are unsure (attn: Engineering Supervisor). These units are subject to Rule 360 certification requirements if manufactured after October 17, 2003.

- Was this unit(s) manufactured after October 17, 2003?

If Yes, is this unit certified per Rule 360? (see the APCD's Boiler webpage for more information on Rule 360)



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**11. EMISSION CONTROLS:** Complete this section if emission controls are employed. Leave blank if unknown.

- Low-NOx Burner    
  Flue Gas Recirculation    
  SNCR    
  SCR  
 Other (describe): \_\_\_\_\_

**12. STACK DATA:** Complete this section to the best of your ability. Leave items blank if unknown.

- Stack Height Above Ground: \_\_\_\_\_ feet    
 Stack Diameter: \_\_\_\_\_ inches (inside diameter)  
 Stack Height Above Building: \_\_\_\_\_ feet    
 Exhaust Flow Rate: \_\_\_\_\_ cfm (cubic feet/minute)  
 Exhaust Temperature: \_\_\_\_\_ °F    
 Exhaust Velocity: \_\_\_\_\_ feet per minute  
 Stack Orientation:    horizontal    vertical    
 End of Stack:    rain cap    open or hinged rain flap  
 Does the stack stand alone or is it located on the building?    stands alone    on building

**13. SIGNATURE:**

I hereby certify that all information provided on this application, and any attachments, is true and correct. I agree to pay any and all fees required by District rules for processing this application and for issuance of any permit. If I abandon this project and withdraw my application, or should my application be disapproved, I understand that the application fee is not refundable. If I withdraw my application, I further understand that I shall inform the APCD in writing and I will be charged for all costs incurred through closure of the APCD files on the project.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_



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#### 14. ADDITIONAL CONTACTS:

Use this Section to add the contact information associated with your permit application. The equipment owner designated in Section 2 is assumed to be the contact in all of the below categories unless the District is otherwise informed. You may provide additional contact information, such as cell phones, FAX numbers, or email, as you desire.

##### OPERATOR

Contact Person	_____	Work Phone:	_____
Company Name	_____	FAX:	_____
Address	_____	Cell Phone:	_____
City, State, Zip:	_____		
Email:	_____		

##### BILLING

Contact Person	_____	Work Phone:	_____
Company Name	_____	FAX:	_____
Address	_____	Cell Phone:	_____
City, State, Zip:	_____		
Email:	_____		

##### CORRESPONDENCE

Contact Person	_____	Work Phone:	_____
Company Name	_____	FAX:	_____
Address	_____	Cell Phone:	_____
City, State, Zip:	_____		
Email	_____		

##### INSPECTION / OTHER

Contact Person	_____	Work Phone:	_____
Company Name	_____	FAX:	_____
Address	_____	Cell Phone:	_____
City, State, Zip:	_____		
Email:	_____		

STATE THE NATURE OF  
THIS CONTACT:  
(e.g.: inspection contact)

\_\_\_\_\_



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### 15. AUTHORIZED AGENT: (Complete this Section if appropriate)

I hereby designate \_\_\_\_\_  
(agent's name- print)

of \_\_\_\_\_  
(agent's business name - print)

to serve as the Authorized Agent for my company:

\_\_\_\_\_  
(applicant company's name - print)

at \_\_\_\_\_  
(facility name(s) - print)

in dealing with either the Santa Barbara County APCD in matters regarding (check as appropriate):

- |   |   |
|---|---|
| <input type="checkbox"/> Permitting                   | <input type="checkbox"/> Billing          |
| <input type="checkbox"/> Air Toxics/HRA               | <input type="checkbox"/> Source Testing   |
| <input type="checkbox"/> Inspections and compliance   | <input type="checkbox"/> All of the above |
| <input type="checkbox"/> Other (state purpose): _____ |   |

This Designation includes written correspondence, telephone discussions and meetings and shall remain in effect until it is suspended in writing by my company or the following date: \_\_\_\_\_ whichever is earlier.

As a designated Responsible Official, I hereby authorize the above mentioned agent to represent my company in the matters identified above:

Name (print)	
Title	
Phone	
Address	
City, State, ZIP	
Signature	