



YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT
1947 Galileo Court, Suite 103; Davis, CA 95618
(530) 757-3659; Fax (530) 757-3670

**PERMIT NOTIFICATION
FORM 08**

Complete the following information and submit it to the District upon completion of equipment construction or modification, as authorized by the Authority to Construct (ATC). This form serves as a Permit to Operate (PTO) application and must be submitted within forty-eight (48) hours of initial operation. It also serves as a notification that the equipment is ready for operation and inspection. Return the completed form by email to admin@ysaqmd.org, by fax to (530) 757-3670, and/or by mail to: YSAQMD, 1947 Galileo Court, Suite 103; Davis, CA 95618. Upon receipt of this form, the District will contact you to schedule an inspection (if applicable).

INSTRUCTIONS

Date Construction Began is the date the process equipment installation began. For ATCs that approve modifications to conditions (i.e., no physical construction was required), leave this field blank.

Date Operation Began is the date when “shakedown” was completed and the operation for a sellable product or intended use began. For ATCs that approve modifications to conditions, enter the date the equipment was operated under the revised conditions.

Company Contact Name, Phone Number, and Email Address should be the person the District can contact to schedule any necessary start-up inspection.

***THE RESPONSIBLE OFFICIAL MUST BE THE PERSON WHO SIGNED THE ATC APPLICATION. ANY CHANGES TO THE RESPONSIBLE OFFICIAL MUST BE MADE IN WRITING TO AVOID DELAY IN PERMIT ISSUANCE.**

This Notification Form may be transmitted by email or fax, and any such signature shall have the same legal effect as an original signature.

Company Name: _____

ATC Number: _____

Date Construction Began (mm/dd/yr): _____

Date Operation Began (mm/dd/yr): _____

Company Contact Name: _____

Contact Phone Number: _____ **Email Address:** _____

Print Name of Responsible Official: _____

***Signature/Date of Responsible Official** ([see requirement above](#)) _____

Signature/Date Required

FOR DISTRICT USE ONLY	
Date Stamp Received _____	PTO Number _____