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| ***24580 Silver Cloud Court Monterey, CA 93940 PHONE: (831) 647-9411***  ***Serving Monterey, San Benito, and Santa Cruz Counties*** |

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| **Application for Authority to Construct and Permit to Operate**   * A filing fee and all applicable permit fee(s) as determined using APCD Form 400 must accompany each application. * Fees must be paid by check, money order or credit cards. Credit cards are only accepted through our website via <https://www.mbard.org/payments>. | | | | | | | |
| **1. PERMIT TO BE ISSUED TO:** (Business License Name of Corporation, Company, Individual Owner, or Governmental Agency that is to operate equipment.) | | | | | | | |
| **2. DOING BUSINESS AS (DBA):** | | | | | | | |
| **3. APPLICANT INFORMATION:** | | | | | | | |
| Name: | | | Title: | | | | |
| Phone number: ( ) | | | Cell number: ( ) | | | | |
| Email address: | | | | | | | |
| Address: | | | | | | | |
| City: | | State: | | | Zip Code: | | |
| NAICS CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  North American Industry Classification System (NAICS) Link: <https://www.census.gov/naics/> | | | | | | | |
| **4. BILLING CONTACT INFORMATION:** (If different from applicant, the business/organization/person who will be billed for possible additional fees and permit to operate.) | | | | | | | |
| Business/organization/person Name: | | | | | | | |
| Phone number: ( ) | | | | | | | |
| Address: | | | | | | | |
| City: | | State: | | | Zip Code: | | |
| Email address: | | | | | | | |
| **5. SITE CONTACT INFORMATION:** (If different from the applicant, the person who oversees equipment and can help answer District questions regarding the application.) | | | | | | | |
| Name: | | | Title: | | | | |
| Phone number: ( ) | | | Cell number: ( ) | | | | |
| E-mail address: | | | | | | | |
| **6. EQUIPMENT DESCRIPTION:** Pursuant to the provisions of the Health and Safety Code of the State of California and the Rules and Regulations of the District, application is hereby made to CONSTRUCT AND USE OR OPERATE the following equipment: (Attach separate sheets if necessary) | | | | | | | |
| **7. EQUIPMENT LOCATION/INFORMATION:** (Equipment location address) | | | | | | |
| **Parcel Number where Equipment Located (APN**): (The parcel number can be obtained from property tax documents or from the city/county where equipment located.) | | | | | | |
| Please provide one of the following: (Look-up location using an online mapping tool such as Google Earth.)  UTM Coordinates: \_\_\_\_\_\_\_\_\_\_ Northing \_\_\_\_\_\_\_\_\_\_ Easting  Decimal Degrees: \_\_\_\_\_\_\_\_\_\_ Latitude \_\_\_\_\_\_\_\_\_\_ Longitude | | | | | | |
| Is the proposed equipment located within 1000 feet of a school?  YES  NO | | | | | | |
| Does the project include the wrecking, removal, or replacement of any load bearing members?  YES  NO | | | | | | |
| Do you require a land use permit or other agency permit (e.g. city or county) for the project described in this application that requires an environmental review for the California Environmental Quality Act?  YES  NO If **YES**, provide agency name and permit type: | | | | | | |
| **8. PRESENT STATUS OF EQUIPMENT -** (Check and complete all applicable items.) | | | | | | |
| STATUS | | ESTIMATED STARTING DATE | | | ESTIMATED COMPLETION DATE | |
| Construction or Installation  Not Started  Partial Completion  Completed | |  | | |  | |
| Equipment Alteration  Not Started  Partial Completion  Completed | |  | | |  | |
| Transfer of Location | |  | | |  | |
| **9. REQUEST FOR APPLICATION PROCESSING**  •I hereby request the District begin processing this application.  •I agree to pay any and all fees required by District rules for processing this application and   for the issuance of any permit to operate or authority to construct.  • I agree that the obligation to compensate the District for time spent processing my application  exists even if I abandon this project and withdraw my application or should my application  subsequently be disapproved. | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of responsible Official, Partner or Sole Proprietor of Business/Organization | | | | | | | |
| Type or print the name and official title of the person signing the application:  Name: Title: Date: | | | | | | | |

Updated 2/2025