

**SAN DIEGO AIR POLLUTION CONTROL DISTRICT**

<b>SUPPLEMENTAL APPLICATION INFORMATION</b>
<b>FEE SCHEDULE</b>
<b>12H</b>

<b>San Diego APCD Use Only</b>
<b>Appl. No.:</b>
<b>ID No.:</b>

**SMOKE HOUSE**

1 **Company Name:** \_\_\_\_\_

2 **Equipment Address:** \_\_\_\_\_

3 **1. EQUIPMENT DESCRIPTION**

4 Describe what food items are being processed: \_\_\_\_\_

5 \_\_\_\_\_

6 Describe how the smoke is generated: \_\_\_\_\_

7 \_\_\_\_\_

8 Smoke Generator Manufacturer: \_\_\_\_\_

9 Model: \_\_\_\_\_ S/N: \_\_\_\_\_

10 Smoke Chamber (room) Dimensions: \_\_\_\_\_ ft x \_\_\_\_\_ ft x \_\_\_\_\_ ft

11 Ventilation Rate: \_\_\_\_\_ cu. ft/min

12 Fan Manufacturer: \_\_\_\_\_

13 Model: \_\_\_\_\_ S/N: \_\_\_\_\_

14 Operating Hours: \_\_\_\_\_ hrs/day \_\_\_\_\_ days/week

15 **2. EMISSION CONTROL EQUIPMENT**

16 Describe how smoke emissions are reduced from the equipment: \_\_\_\_\_

17 \_\_\_\_\_

18 Smoke Generator Manufacturer: \_\_\_\_\_

19 Model: \_\_\_\_\_ S/N: \_\_\_\_\_

20 **Name of Preparer:** \_\_\_\_\_ **Title:** \_\_\_\_\_

21 **Phone No.:** ( ) \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE TO APPLICANT:**

Before acting on an application for Authority to Construct or Permit to Operate, the District may require further information, plans, or specifications. Forms with insufficient information may be returned to the applicant for completion, which will cause a delay in application processing and may increase processing fees. The applicant should correspond with equipment and material manufacturers to obtain the information requested on this supplemental form.