



APCD USE ONLY	
DATE FILED:	___/___/___
REC'D BY :	_____
FEE AMOUNT: \$	_____
FEE PAID :	___/___/___
VARIANCE NO.	_____ - _____

VARIANCE APPLICATION/PETITION

FILING FEE:

PETITION TYPE	INITIAL FEE	STAFF TIME INCLUDED IN INITIAL FEE	CHARGE FOR ADDITIONAL STAFF TIME
Regular or Product Variance			
Appeal of an Authority to Construct or Permit to Operate			
Modification of Increments of Progress or Final Compliance Date			
Short or Interim Variance			
Emergency Variance			

INSTRUCTIONS: *Please print or type all responses. If additional space is required, please attached extra pages referenced to the to the appropriate item. The completion of separate forms is required for each Variance petition (i.e. do not combine more than one petition request per form). All questions must be answered thoroughly and completely giving specific detail as requested. In accordance with Health and Safety Code Section 42350.5, the District will provide assistance in filling out this form and in developing a compliance schedule.*

1. Company/Applicant Name:

Facility Location:

Mailing Address:

2. Purpose of hearing, to consider:

Upset/Breakdown Emergency Variance (*effective for up to 15 days*), pursuant to Regulation 4, Rule 404, for an upset and/or breakdown condition.

Emergency Variance (*effective for up to 30 days*), pursuant to Sections 42359 et seq. of the Health and Safety Code.

Short Term Variance (*effective for up to 90 days*), pursuant to Health and Safety Code, Section 40825.

Regular Variance (*effective for up to 1 year*) pursuant to Health and Safety Code, Section 42350.

Product Variance (*effective for up to 2 years*) pursuant to Health and Safety Code, Section 42372.

Interim Variance (*effective for up to 90 days*), pursuant to Health and Safety Code, Section 42351, pending a hearing on a Regular Variance or Variance Modification.

Interim Authorization pending a hearing on an increments of progress modification pursuant to Health and Safety Code, Section 42351.5. Variance No. _____.

Modification of Increments of Progress pursuant to Health and Safety Code, Section 40825. Variance No. _____.

Modification of Final Compliance date for a previously granted *Variance* pursuant to Health and Safety Code, Section 40826. Variance Number _____.

Other:

3. The Applicant is a: Individual Partnership Corporation Public Agency

4. If a Partnership or a Corporation, give names, addresses, and titles of all partners or officers.

5. Type of business or activity involved and street address at which it is conducted.

10. Give the conditions, beyond the reasonable control of the applicant, that requiring compliance would result in either:

- An arbitrary or unreasonable taking of property, or
- The practical closing and elimination of a lawful business.

a. Please describe the conditions and resulting effects (*supporting documentation may be attached*).

b. Explain why the taking of property or practical closing would be without a corresponding benefit in reducing air contaminants.

c. Describe all options available in lieu of obtaining a *Variance* (including the curtailment of operations) and explain why each option is not considered feasible.

d. Describe the measures to be taken to reduce excess emissions during the period the *Variance* is in effect, and explain why these measures reduce the excess emissions to the maximum extent feasible.

Date by which the lesser requirement(s) can be met. Date:

e. Describe the methods, which will be employed to monitor and or quantify the emissions, and give the frequency the levels will be reported.

11. Period of time for which *Variance* is sought. From Date:
To Date:

The reason why this period of time is required, and not a shorter period.

12. Describe the advantages and disadvantages to residents of the District resulting from requiring compliance or resulting from granting a *Variance*.

13. Could granting of the *Variance* create a public or private nuisance? Yes No

If "yes", what might cause the nuisance, and what actions will be taken to prevent or mitigate the nuisance?

If "no" please substantiate why not?

14. Is there any other application pending involving the same equipment? Yes No

If "yes", describe the pending application:

15. Specify specific negative impacts resulting from the granting of this *Variance*.

16. Characterize and quantify the emission of air pollutants which may result from the granting of the requested *Variance* (i.e. *non-complying emissions versus complying emissions*) and provide the basis for the quantification.

17. Provide increments of progress dates by which specific actions will occur to achieve compliance with the *Variance*.

18. General Comments (if a continuation of another paragraph, cite the paragraph).

“ I am familiar with the Rules and Regulations of the Placer County Air Pollution Control District and I certify that the information herein and the data submitted with the application is true.”

Signature of Applicants
Responsible Person: _____ Date: _____

Name (print or type): _____

Title: _____

Telephone Number: (_____) - _____ Extension _____