

VENTURA COUNTY AIR POLLUTION CONTROL DISTRICT QUESTIONNAIRE (AB3205)

669 County Square Drive, 2nd Floor, Ventura, CA 93003

805/645-1445 or 805/645-1400

Fax: 805/645-1444 or Email: Notifications@vcapcd.org

State law requires that an applicant for a non-residential building permit or Certificate of Occupancy provide information indicating whether a permit is required from the Air Pollution Control District. The law further prohibits a City or County from issuing a Certificate of Occupancy, unless a business has complied with provisions of the law that are administered by the Air Pollution Control District.

To determine whether your business is subject to these requirements, please complete this questionnaire. Refer to the equipment list on the other side of this questionnaire for further assistance.

I. Facility Information

1. Facility/Business Name	2. Building Age (Yrs.)	3. No. of Employees
4. Street Address of Facility/Business	5. Facility Owner	
6. City	State	Zip
7. Phone Number		
8. Questionnaire Preparer Address (if different from Facility Address)		
9. City	State	Zip
10. Phone Number		

II. Equipment Information

Briefly describe the type of business at this location

Describe the type of equipment at this location (Please turn page over to determine if equipment requires an APCD permit)

III. Building Construction Information

Check appropriate boxes

Y	N	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New Construction Was the building constructed prior to 1980?
 Remodeling If built before 1980, has an asbestos survey been conducted?
 Demolition Can you provide written proof asbestos material was removed?

IV. Questionnaire Signature

Print Name and Title of Questionnaire Preparer (Please check applicable box) Owner of Facility or Authorized Agent

Signature of Questionnaire Preparer _____ Date _____

I declare under penalty of perjury, to the best of my knowledge and belief, the responses made herein are true and correct

APCD USE ONLY

Authorized District Signature _____ Date _____

EXEMPT FROM APCD PERMIT REQUIREMENTS OR PERMIT ALREADY OBTAINED	APPROVED FOR ISSUANCE OF BUILDING PERMIT, BUT NOT FOR OCCUPANCY PERMIT	APPROVED FOR OCCUPANCY PERMIT (APCD Authority to Construct Application Received) Date Received / / App #:
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Confirming Stamp

Confirming Stamp

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