

**TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT**  
**P.O. Box 1169, Red Bluff, CA 96080**  
**Phone: (530) 527-3717 Fax: (530) 527-0959**

**Fugitive Dust Permit Application** Permit Fee: \$160.75   
and/or  
**Land Clearing Burn Permit Application** Permit Fee: \$62.25

**APPLICANT INFORMATION**

*Please specify the legal name and address of the partnership, company, corporation or agency to be named on the permit.*

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

**PROJECT INFORMATION**

Project Name: \_\_\_\_\_

Project Contact: \_\_\_\_\_

Project Phone: \_\_\_\_\_ Project Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Project Email: \_\_\_\_\_

Project Duration: \_\_\_\_\_

Project Description: \_\_\_\_\_

**Other Information:**

Sources of Fugitive Emissions:

Distance to Nearest Sensitive Receptor (If Applicable): \_\_\_\_\_

Description of Receptor: \_\_\_\_\_

Type of Burn (Grass, trees, brush, etc.) \_\_\_\_\_

Amount (acres) \_\_\_\_\_

(A Sensitive Receptor is Defined as a School, Hospital, Recovery Center, Outpatient Care Center, Hospice, Childrens Day Care Center, Retirement Home, or Any other site that may contain persons sensitive to Fugitive Dust or Smoke emissions.)

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

(Signature of responsible official, partner, or sole proprietor. Original signature required **NO** photocopies.)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_