



**Form 400-PS**

**Plot Plan And Stack Information Form**

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Form 400A and Form 400-CEQA.

**Mail To:**  
 SCAQMD  
 P.O. Box 4944  
 Diamond Bar, CA 91765-0944  
 Tel: (909) 396-3385  
 www.aqmd.gov

**Section A - Operator Information**

**Facility Name** (Business Name of Operator To Appear On The Permit): \_\_\_\_\_ **Valid AQMD Facility ID** (Available On Permit Or Invoice Issued By AQMD): \_\_\_\_\_

**Address where the equipment will be operated** (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site): \_\_\_\_\_

Fixed Location      Various Locations

**Section B - Location Data**

<b>Plot Plan</b>	Please attach a site map for the project with distances and scales. Identify and locate the proposed equipment on the map. A copy of the appropriate Thomas Brothers page, a web-based map, or a sketch that shows the major streets and location of the equipment is acceptable.
<b>Location of Schools Nearby</b>	<p><b>Is the facility located within a 1/4 mile radius (1,320 feet) of the outer boundary of a school?</b>      Yes      No</p> <p>If yes, please provide name(s) of school(s) below:</p> <p><b>School Name:</b> _____ <b>School Name:</b> _____</p> <p><b>School Address:</b> _____ <b>School Address:</b> _____</p> <p><b>Distance from stack or equipment vent to the outer boundary of the school:</b> _____ feet      <b>Distance from stack or equipment vent to the outer boundary of the school:</b> _____ feet</p> <p><b>CA Health &amp; Safety Code 42301.9:</b> "School" means any public or private school used for purposes of the education of more than 12 children in kindergarten or any of grades 1 to 12, inclusive, but does not include any private school in which education is primarily conducted in private homes.</p>
<b>Population Density</b>	Urban      Rural (<50% of land within 3 km radius accounted for by urban land use categories, i.e., multi-family dwelling or industrial.)
<b>Zoning Classification</b>	<p><b>Mixed Use Residential Commercial Zone (M-U)</b>      <b>Service and Professional Zone (C-S)</b>      <b>Medium Commercial (C-3)</b></p> <p><b>Heavy Commercial (C-4)</b>      <b>Commercial Manufacturing (C-M)</b></p>

**Section C - Emission Release Parameters - Stacks, Vents**

<b>Stack Data</b>	<b>Stack Height:</b> _____ feet (above ground level) <b>What is the height of the closest building nearest the stack?</b> _____ feet
	<b>Stack Inside Diameter:</b> _____ inches <b>Stack Flow:</b> _____ acfm <b>Stack Temperature:</b> _____ °F
	<b>Rain Cap Present:</b> Yes      No <b>Stack Orientation:</b> Vertical      Horizontal
	If the stack height is less than 2.5 times the closest building height (H), please provide information on any building within 5xH distance from the stack (attach additional sheet if necessary):
	<p><b>Building #/Name:</b> _____ <b>Building #/Name:</b> _____</p> <p><b>Building Height:</b> _____ feet (above ground level)      <b>Building Height:</b> _____ feet (above ground level)</p> <p><b>Building Width:</b> _____ feet      <b>Building Width:</b> _____ feet</p> <p><b>Building Length:</b> _____ feet      <b>Building Length:</b> _____ feet</p>
<b>Receptor Distance From Equipment Stack or Roof Vents/Openings</b>	<p><b>Distance to nearest residence or sensitive receptor*:</b> _____ feet</p> <p><b>Distance to nearest business:</b> _____ feet</p>
<b>Building Information</b>	<p><b>Are the emissions released from vents and/or openings from a building?</b>      Yes      No</p> <p>If yes, please provide:</p> <p><b>Building #/Name:</b> _____ <b>Building Width:</b> _____ feet</p> <p><b>Building Height:</b> _____ feet (above ground level)      <b>Building Length:</b> _____ feet</p>

\*AQMD Rule 1470 defines SENSITIVE RECEPTOR as meaning any residence including private homes, condominiums, apartments, and living quarters, schools as defined under paragraph (b)(57), preschools, daycare centers and health facilities such as hospitals or retirement and nursing homes. A sensitive receptor includes long term care hospitals, hospices, prisons, and dormitories or similar live-in housing.

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**Section D - Authorization/Signature**

I hereby certify that all information contained herein and information submitted with this application is true and correct.

Signature of Preparer:	Title of Preparer:	Preparer's Phone #: _____ Preparer's Email: _____
Contact Person: _____	Contact's Phone#: _____ Contact's Fax#: _____	Date Signed:
Contact's Email: _____		

**THIS IS A PUBLIC DOCUMENT**

Pursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the District.

Check here if you claim that this form or its attachments contain confidential trade secret information.