Lake County Air Quality Management District
2617 South Main Street
Lakeport, CA 95453
707-263-7000 / fax 263-0421

Douglas G. Gearhart
Air Pollution Control Officer
dougg@lcaqmd.net

Application For Administrative Changes

Application Fee _____

Contact Name: _____

Legal Owner: _____

Mailing Address: _____

_____

_____

_____

Permit #: _____

Facility Name: _____

Equipment Description:

_____

_____

Describe the type of administrative change requested and include details of change to be made (i.e. mailing address, contact names including phone number and email address):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Section 660.48: Category XLVIII Administrative Changes
An application for an administrative change to account for a change to a permit including but not limited to: a name change of the facility, name change for the facility owner (not a change of ownership), change of contact/mailing address, and/or any other administrative changes of any District Authority to Construct or Permit to Operate is required and shall include a fee with the application. An application for changes to contact information including mailing address shall be submitted no later than 15 day after the change occurs. An application and fee is required for each permit associated with the administrative changes.

Additional charges will be billed $125.00 per hour for incomplete or complex projects and actual costs for legal review if necessary.

I understand that I am responsible for any information listed herein or requested pursuant to this application. Based on information and belief formed after reasonable inquiry, the statements and information presented in this application and supplemental documentation are true, accurate, and complete. Applicant shall defend, indemnify and hold harmless the District and its agents, including consultants, officers and employees from any claim, action or proceeding against the District or its agents, including consultants, officers or employees to attack, set aside, void, or annul the approval of this application or adoption of the environmental document which accompanies it. This indemnification obligation shall include, but not be limited to, damages, costs, expenses, attorney's fees, or expert witness costs that may be asserted by any person or entity, including the applicant, arising out of or in connection with the approval of this application, including any claim for private attorney general fees claimed by or awarded to any party against the District, and shall also include the District's costs incurred in preparing the administrative record which are not paid by the petitioner. The District shall promptly notify the applicant of any claim, action or proceeding. Notwithstanding the foregoing, the District shall control the defense of any such claim, action or proceeding unless the settlement is approved by the applicant and that the applicant may act in its own stead as the real party in interest in any such claim, action or proceeding.

_____ Date: _____

Signature of authorized representative of firm

Name: _____ Title: _____ Telephone: _____

Email: _____

Ek 10/2025

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Agent Authorization Form

Authorized Agent: (Complete this section if appropriate)

I hereby designate _____
(agent's name - print)

of _____
(agent's business name, mailing address, & phone number - print)

to serve as the Authorized Agent for my company / facility:

_____
(applicant company's name - print)

at _____

in dealing with the Lake County Air Quality Management District in matters regarding (check as appropriate):

- ☐ Engine Permit Application
- ☐ Air Toxics (AB2588)
- ☐ Inspections and Compliance
- ☐ Billing
- ☐ Source Testing
- ☐ All of the Above
- ☐ Other (state purpose): _____

This designation includes written correspondence, telephone discussions, and meetings and shall remain in effect until it is suspended in writing by my company or the following date: _____ whichever is earlier.

Agent Signature: _____

As the Legal Owner, I hereby authorize the above mentioned agent to represent my company in the matters identified above:

Name (print):	
Title:	
Phone:	
Address:	
City, State, ZIP	
Owner Signature:	

EK 3/2025