



Request for Residential Exemption from the Mandatory Curtailment Requirement

This form is for requesting an exemption from the mandatory curtailment requirement in Section 301 of SMAQMD Rule 421, *Mandatory Episodic Curtailment of Wood and Other Solid Fuel Burning*. Rule 421 prohibits the use of wood burning devices (fireplaces, woodstoves, etc.) on days when a mandatory curtailment is in effect. The rule contains exemptions for using wood-burning devices during a no burn day provided certain criteria are met.

Property Address City State Zip

County Assessor Parcel Number (APN) Year Residence was built

Property Owner's Name Phone Number

Property Owner's Mailing Address City State Zip

Occupant's Name (if different from owner) Phone Number

Occupant's Mailing Address City State Zip

Please identify which exemption you are requesting:

SOLE SOURCE OF HEAT (check only one box and initial)

- The residence has another source of heat that does not work or is unsafe to use. (Please explain basis for sole source of heat on the back of this form. A copy of a repair or replacement estimate from a certified repair company should be included to be considered for an exemption). _____(initial)
 - The residence has no other source of heat. Wood burning is the only source of heat in the residence. _____(initial)
- HARDSHIP** The Air Pollution Control Officer may issue a waiver, valid for one season (November-February), from this rule if there are compelling economic reasons to do so and the waiver will not have adverse impacts.
- The occupant has a compelling economic reason for burning wood. _____(initial)

If you checked the Hardship Exemption please complete the following application:

Compelling reason for waiver _____

Total number of persons living in the household _____

Total gross monthly income for all persons living in the household \$ _____

Type of dwelling and age _____

Identify all wood burning devices being used _____

Estimate the amount of wood or other solid fuel that will be burned on a MANDATORY NO BURN DAY _____

Please include a copy of your last paid utility bill.

I certify the information contained in this application is accurate to the best of my knowledge under penalty of perjury under the laws of the State of California. I authorize an inspector from the SMAQMD to inspect my residence to verify these statements:

SIGNATURE DATE

PRINT NAME