

FORM AH100
ASPHALT SURFACE HEATERS

Complete this form and submit it with your application for an authority to construct and permit to operate.

Business License Name of Organization that is to receive permit:

List locations of surface heater operation:

Date: _____ Location: _____

Date: _____ Location: _____

Date: _____ Location: _____

Date: _____ Location: _____

Normal Operating Schedule: _____ hours/day

Type of fuel used:

_____ diesel No. _____ gal/day

_____ propane _____ gal/day

Describe Procedures used to ensure emissions of smoke will be minimized:

Name and title of company representative who will be responsible for overseeing the asphalt surface heating operation.

Name: _____

Title: _____

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