



**EASTERN KERN AIR POLLUTION CONTROL DISTRICT**

2700 "M" STREET SUITE 302, BAKERSFIELD, CA 93301-2370

PHONE: (661) 862-5250 • FAX: (661) 862-5251 • [www.kernair.org](http://www.kernair.org)

**APPLICATION FOR  
AGRICULTURAL BURNING**

**Please Select:**

**Initial (\$130 filing fee required)**

**Renewal (\$152 permit fee required)**

**Company/Billing Information**

Business Name to Appear on Permit:		Owner's Name:		Phone No:	
Mailing Address:			Business E-mail Address:		
City:		State:	Zip:		Fax No:

**Location of Burn Site**

Street Address:		Cross Streets:		City:	
Materials to be burned:				Acres:	
Assessors' Parcel No: _____ OR _____/4 SECTION _____ TOWNSHIP _____ RANGE _____					

**Location of Burn Site**

Street Address:		Cross Streets:		City:	
Materials to be burned:				Acres:	
Assessors' Parcel No: _____ OR _____/4 SECTION _____ TOWNSHIP _____ RANGE _____					

**Location of Burn Site**

Street Address:		Cross Streets:		City:	
Materials to be burned:				Acres:	
Assessors' Parcel No: _____ OR _____/4 SECTION _____ TOWNSHIP _____ RANGE _____					

Print Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Print Signing Authority Name If Different: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>DATE RECEIVED</b>	<b>Validation (for EKAPCD use)</b>	
	<b>Permit No:</b> _____	<b>Filing Fee: \$</b> _____
	<b>Equip Code:</b> _____	<b>Receipt No:</b> _____
	<b>Equip Description:</b> _____	<b>Date:</b> _____