



## Application for: Chimney Smoke Reduction Incentive Program (RIP) Reimbursement

El Dorado County Air Quality Management District  
330 Fair Lane, Placerville, CA 95667  
Phone: (530) 621-7501  
Fax: (530) 295-2774  
www.edcgov.us/AirQualityManagement  
aqmd@edcgov.us

<b>Applicant and Residence Information</b>	Applicant Name (Please Print or Type)	Phone ( )
	STREET Address of Residential Remodel	City, State & Zip Code
	MAILING Address (if different)	City, State & Zip Code
	E-Mail Address (optional)	How did you hear of the RIP program?

I. PRE-APPROVAL: (Applicant Completes)	(AQMD Completes)
<input type="checkbox"/> Removal of wood stove (or fireplace if AQMD approved): Make: _____ Model: _____  <input type="checkbox"/> Install electric, propane or natural gas furnace or appliance. <input type="checkbox"/> Heat home with existing electric, propane or natural gas furnace. <input type="checkbox"/> Install EPA Certified wood burning device. Make: _____ Model: _____	<input type="checkbox"/> First time RIP applicant  <input type="checkbox"/> Primary residence  AQMD initial inspection <input type="checkbox"/> Site visit date: _____  <input type="checkbox"/> Proposed unit eligible  <input type="checkbox"/> Existing unit eligible

Additional description of project/request if necessary:

I certify I reside at the above address, it is my primary residence, is more than one year old and a functioning uncertified wood burning device will be removed and/or rendered permanently inoperative. I certify all information contained herein and submitted with this application is true, accurate and complete. **If applicable, AQMD is paying for the associated Building Permit. If my Permit expires, I will repay AQMD the full cost of the Building Permit within 30-days of Building Permit expiration. PRESENT (BUT RETAIN) THIS PRE-APPROVAL TO THE BUILDING DEPARTMENT WHEN APPLYING FOR A BUILDING PERMIT. TO ENSURE FUNDING IS SECURE FOR MY PROJECT, I WILL SUBMIT MY RIP CLAIM WITHIN SIX (6) MONTHS OF THE PRE-APPROVAL DATE. CLAIMS NOT SUBMITTED WITHIN 6 MONTHS OF PRE-APPROVAL DATE A5MNOT BE FUNDEDZ 5H'H<9'8-67 F9H<B'C: 'H<9'5 D7 C"**

Applicant Signature: _____	Pre-Approval Date: _____	AQMD pre-approval signature: _____
----------------------------	--------------------------	------------------------------------

II. BUILDING PERMIT (Applicant or AQMD Completes)			
Permit Number:	<input type="checkbox"/> El Dorado County (\$101)	<input type="checkbox"/> City of Placerville (\$96)	<input type="checkbox"/> City of South Lake Tahoe (\$104)
	Final Inspection Date:		

III. APPROVAL AND FUNDING: (AQMD Completes)			
Required Items (Copies OK)	<input type="checkbox"/> Before and after photos (electronic files OK)	<input type="checkbox"/> Receipt for new device (if applicable)	
	<input type="checkbox"/> Receipt for destruction of old device (item specific)	<input type="checkbox"/> Finalized Building Permit (if applicable)	

Destruction receipt must be from a licensed disposal or recycling facility. Contractor's notes will not be accepted.

FOR EL DORADO COUNTY AQMD USE ONLY (Circle One)			
FINAL APPROVAL DATE STAMP	Type of Permit	West Slope	Tahoe
	Removal of old wood burning stove only. (Use existing furnace, or electric, natural gas, or propane appliance)	<b>\$600</b>	<b>\$900</b>
	Removal of old wood burning stove (or fireplace if approved by AQMD) and replacement with electric, natural gas or propane appliance.	<b>\$600</b>	<b>\$900</b>
	Removal of old wood burning stove. Replacement with new EPA certified wood burning device (pellet, woodstove, fireplace insert)	<b>\$500</b>	<b>\$800</b>

Authorized By: _____	TOTAL:	
Dave Johnston, Air Pollution Control Officer	Date	BP is: <input type="checkbox"/> via Journal Entry
Index Code: 433110	Sub Object: 4500	<input type="checkbox"/> to be Billed Later
Check Number:	Amount Paid:	<input type="checkbox"/> Paid to Applicant
		<input type="checkbox"/> Not Required