**Indirect Source Review (ISR) - Project Modification Request Form**

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| A. Project Information |
| Project Name:  |
| Project Location | Street:  | City: | Zip: |
| Cross Streets:  | County:  |
| ISR Project Number (if known):  |
| Applicant/Business Name:  |
| Mailing Address:  | City:  | State:  | Zip:  |
| Contact:  | Title:  |
| Phone:  | Email:  |

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| B. Description of Revision(s) to Project |
| Please briefly describe the proposed changes to the project (e.g.: increasing number of houses from 75 to 150; incorporating additional on-site air pollution reduction measures; increasing length of road project from 5 miles to 10 miles): |
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| C. Additional Processing Fees (if applicable) |
| The revision to the project will require additional processing by the San Joaquin Valley Air Pollution Control District (District). Therefore, the District may assess reasonable additional processing fees based upon the District’s current labor rate ($107/hour) and any processing fees already paid for the Project’s AIA. If additional processing fees are required, the District will issue an invoice upon approval of the revision to the project. |

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| D. Change in Project Mitigation (if applicable) |
| Will the project changes include the addition of Mitigation Measures? [ ]  No [ ]  Yes\* |
| \*If yes, *please complete and attach ‘Section M and Mitigation Measures sheet’ of the AIA application form, which can be found on the District’s website at:* [www.valleyair.org/ISR](http://www.valleyair.org/ISR).  |
| Please note: Additional information may be required for specific Mitigation Measures. |

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| E. Certification Statement |
| I certify that the information on this form is correct and agree to payment of any additional processing fees incurred as a result of this project revision. (An authorized Agent may sign the form in lieu of the Applicant if an authorization letter signed by the Applicant is provided). |
| Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |