



South Coast Air Quality Management District

Form 400-A

Application Form for Permit or Plan Approval

List only one piece of equipment or process per form.

Mail To: SCAQMD, P.O. Box 4944, Diamond Bar, CA 91765-0944, Tel: (909) 396-3385, www.aqmd.gov

Section A - Operator Information

1. Facility Name (Business Name of Operator to Appear on the Permit): Cedars-Sinai Medical Center
2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 016389
3. Owner's Business Name (If different from Business Name of Operator):

Section B - Equipment Location Address

4. Equipment Location Is: Fixed Location
8700 Beverly Blvd.
Street Address
Los Angeles, CA 90048
City Zip
Donna Earley, Director EH&S
Contact Name Title
(310) 423-4336, (310) 423-0143
Phone # Ext. Fax #
E-Mail: Donna.Earley@cshs.org

Section C - Permit Mailing Address

5. Permit and Correspondence Information:
Check here if same as equipment location address
8700 Beverly Blvd.
Address
Los Angeles, CA 90048
City State Zip
Donna Earley, Director EH&S
Contact Name Title
(310) 423-4336, (310) 423-0143
Phone # Ext. Fax #
E-Mail: Donna.Earley@cshs.org

Section D - Application Type

6. The Facility Is: Not In RECLAIM or Title V, In RECLAIM, In Title V, In RECLAIM & Title V Programs
7. Reason for Submitting Application (Select only ONE):
7a. New Equipment or Process Application:
7b. Facility Permits:
7c. Equipment or Process with an Existing/Previous Application or Permit:

8a. Estimated Start Date of Construction (mm/dd/yyyy):
8b. Estimated End Date of Construction (mm/dd/yyyy):
8c. Estimated Start Date of Operation (mm/dd/yyyy):

9. Description of Equipment or Reason for Compliance Plan (list applicable rule): Title V Renewal
10. For identical equipment, how many additional applications are being submitted with this application?
11. Are you a Small Business as per AQMD's Rule 102 definition?
12. Has a Notice of Violation (NOV) or a Notice to Comply (NC) been issued for this equipment?

Section E - Facility Business Information

13. What type of business is being conducted at this equipment location? Medical Center
14. What is your business primary NAICS Code? 622110
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator?
16. Are there any schools (K-12) within 1000 feet of the facility property line?

Section F - Authorization/Signature I hereby certify that all information contained herein and information submitted with this application are true and correct.

17. Signature of Responsible Official: Jeffrey Deeter
18. Title of Responsible Official: VP Clinical Support Services
19. I wish to review the permit prior to issuance.
20. Print Name: Jeffrey Deeter
21. Date: 12/23/10
22. Do you claim confidentiality of data? (If Yes, see instructions.)

23. Check List: Authorized Signature/Date, Form 400-CEQA, Supplemental Form(s) (ie., Form 400-E-xx), Fees Enclosed

Table with columns: AQMD USE ONLY, APPLICATION TRACKING #, CHECK #, AMOUNT RECEIVED, PAYMENT TRACKING #, VALIDATION, DATE, APP, DATE, APP, CLASS, BASIC, EQUIPMENT CATEGORY CODE, TEAM, ENGINEER, REASON/ACTION TAKEN

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Handwritten notes and signatures at the bottom of the page, including 'E-CP# 2013201', 'Amt 763.52', and '10020'.