





Fugitive Dust Construction Online Application Guide

This guide is meant to help with navigation through the online Fugitive Dust Construction Application.

After clicking on the link on the webpage it will take you to the application, you will need to agree to the Adobe Sign Terms and Conditions by clicking on the "Continue" button at the bottom of the page.

Please sign: 2023 Fugitive Dust Construction Application and Compliance History Form 2.5



City of Albuquerque
Environmental Health Department
Air Quality Program

Air Quality
Compliance History Disclosure Form

The Albuquerque-Bernalillo County Joint Air Quality Program ("Program") administers and enforces local air quality laws for the City of Albuquerque ("City") and Bernalillo County ("County") on behalf of the City Environmental Health Department, including the New Mexico Air Quality Control Act ("AQCA"), NMSA 1978, Sections 74-2-1 to -17. In accordance with Sections 74-2-7(P) and (S) of the AQCA, the Program may deny any permit application or revoke any permit issued pursuant to the AQCA if, within ten years immediately preceding the date of submission of the permit application, the applicant or permittee meets any one of the criteria outlined in the AQCA. The Program requires applicants to file this Compliance History Disclosure Form in order for the Program to deem an air permit application administratively complete, or issue an air permit for those permits without an initial administrative completeness determination process. Additionally, an existing permit holder (permits issued prior to the Effective Date of this Form) shall provide this Compliance History Disclosure Form to the Program upon the Program's request. Note: Program Staff can answer basic questions about this Compliance History Disclosure Form but cannot provide specific guidance or legal advice.

Instructions

1. Applications filed pursuant to the following regulations shall include this Compliance History Disclosure Form, in accordance with Section 74-2-7(S) of the AQCA: *Construction Permits* (20.11.41 NMAC); *Operating Permits* (20.11.42 NMAC); *Nonattainment Areas* (20.11.60 NMAC); *Prevention of Significant Deterioration* (20.11.61 NMAC); *Acid Rain* (20.11.62 NMAC); and *Fugitive Dust* (20.11.20 NMAC) except this Form shall not be required for asbestos notifications under 20.11.20.22 NMAC.
2. The permittee identified on this Compliance History Disclosure Form shall match the permittee in the existing permit or new application. If the information in an existing permit needs to be changed, please contact the Program about revisions and ownership transfers.
3. Answer every question completely and truthfully, and do not leave any blank spaces. If there is nothing to disclose in answer to a particular question, check the box labeled "No." Failure to provide any of the information requested in this Compliance History Disclosure Form may constitute grounds for an incompleteness determination, application denial, or permit revocation.
4. Be especially careful not to leave out information in a way that might create an impression that you are trying to hide it. Omitting information, even unintentionally, may result in application denial or permit revocation.
5. If necessary, continue answers on a separate page and identify the question. If you submit any document in connection with your answer to any question, refer to it as, "Exhibit No. __", and attach it at the end of the Compliance History Disclosure Form, consecutively numbering each additional page at the top right corner.
6. The Program may require additional information to make a thorough review of an application. At all times before the Program has made a final decision regarding the application, an applicant has a duty to promptly supplement and correct information the applicant has submitted in an application to the Program. The applicant's duty to supplement and correct the application includes, but is not limited to, relevant information acquired after the applicant has submitted the application and additional information the applicant otherwise determines is relevant to the application and the Program's review and decision. While the Program is processing an application, regardless of whether the Program has determined the application is administratively complete, if the Program determines that additional information is necessary to evaluate or make a final decision regarding the application, the Program may request additional information and the applicant shall provide the requested additional information.

[Start](#)

By clicking continue, I acknowledge that I have read and agree to the Adobe [Terms of Use](#). See our [Privacy Policy](#) for details on our privacy practices.

[Continue](#)

Fill in all applicable information. Most of the fields on the form should be filled in before submitting.
Please note: If a field is not marked as required in the Adobe Sign document that does not mean it is not required in order for the application to be considered complete when submitted. Make sure to check or type "Not Applicable" if something does not apply to your scope of work.



Environmental Health Department - Air Quality Program
 Physical Address: One Civic Plaza NW, 3rd Floor, Room 3023, Albuquerque, New Mexico
 87102 Mailing Address: P.O. Box 1293, Albuquerque, New Mexico 87103
 (505) 768 - 1972 (Voice) 1-800-659-8331 (New Mexico Relay) (505) 768 - 1977 (Fax)



Application for a
Fugitive Dust Control Construction Permit
 for Surface Disturbance and/or Demolition within Bernalillo County

Albuquerque - Bernalillo County Air Quality Control Board Regulation 20.11.20 NMAC
 This application, together with associated drawings, plans, appended documents, other data, and any conditions attached to the permit by the Department, will become the Fugitive Dust Control Construction Permit, once signed & dated by the Air Quality Program

Effective Date of this Application Form: **01/01/23**

Department Use Only

Program Receipt Stamp below this Line

Submittal Date: _____

Received by: _____

Permit # _____

BEFORE ANY WORK STARTS
 Permittee shall post & maintain a fugitive dust control project sign, issued or approved by Department & must be posted in a conspicuous location such that the public is able to read the sign.

PART A. - PROJECT INFORMATION & GENERAL ACTIVITIES (Type or Print Legibly)

Start

A1. Project name: _____

A2. Project street address/location(s): _____

A3. Zip Code: _____ & Cardinal Direction (NW, SW, SE, NE): _____

UTM Northing: _____ UTM Easting: _____

A4. Major cross streets or nearby intersection: _____

*** **SITE MAP MUST BE ATTACHED** to this application (8 1/2" x 11" or larger) *** [Click to Attach Upload Site Map here](#)

A5. Scope of project (check all that apply): ☐ New building construction ☐ Subdivision development ☐ Utility improvement
☐ Structure demolition/renovation ☐ Roadway development ☐ Other (describe) _____

A6. Active operations (check all that apply): ☐ Surface disturbance ☐ Bulk material hauling or handling ☐ Unpaved roads
☐ Paved roads ☐ Utility removal/installation ☐ Structure demolition/renovation ☐ Milling/Grinding/Cutting of surfaces
☐ Other (describe) _____

A7. Total area to be disturbed: _____ acres

A8. Will there be building demolition or renovation? Select... If demolition, total cubic feet _____ ft³

- Fugitive Dust Control Construction Permit Application is required for building demolitions over **75,000 ft³** & must be received by Air Quality Program **No Later Than 10 Business Days** (with 25 acres or less of ground surface disturbance), or **No Later Than 20 Business Days** (with greater than 25 acres of ground surface disturbance) before **Anticipated Project Start Date** (M-F, except

When filling out page 7 make sure to take the value from F1 and the value from F2 or F3 and enter them into the empty fields under F4.

PART F. – FEES

- Application for a Fugitive Dust Control Construction Permit requires:
Filing & Review Fee (F1) plus an Inspection Fee (F2 or F3) plus applicable Late Fee (F4)

F1. FILING & REVIEW FEE TABLE

DEPARTMENT USE ONLY

TOTAL PROJECT ACREAGE TO BE DISTURBED	FILING & REVIEW FEE	CHECK ONLY ONE BOX	PROGRAM ELEMENT
(Demolition Only)			
Less than 3/4 acre but greater than 75,000 cubic feet	\$250.00	<input type="checkbox"/>	2101
3/4 acre to less than 2 acres	\$250.00	<input type="checkbox"/>	1102
2 acres to less than 5 acres	\$350.00	<input type="checkbox"/>	1103
5 acres to less than 15 acres	\$450.00	<input checked="" type="checkbox"/> *	1104
15 acres or greater	\$550.00	<input type="checkbox"/>	1105

F2. FUGITIVE DUST CONTROL INSPECTION FEE TABLE (Program Element 1101)

TOTAL PROJECT AREA TO BE DISTURBED (rounded to nearest whole number)	TIMES	PER ACRE RATE (based on 20.11.2.15.C. NMAC)	INSPECTION FEE
8 .00 acres	x	\$160.00	= \$1,280.00 **
INSPECTION FEE CALCULATIONS: Multiply Total Project Acreage to be Disturbed by Per Acre Rate shown in table above. Total Project Acreage to be Disturbed must be expressed as a whole number. If number after decimal point is less than 5, whole number remains unchanged. If number after decimal point is 5 or greater, whole number shall be rounded up to next whole number. Rounding of acres shall occur before Inspection Fee is calculated. Example: 1.5 acres rounds up to 2, whereas 1.49 acres rounds down to 1.			

F3. DEMOLITION INSPECTION FEE TABLE (Program Element 1197)

DEMOLITIONS GREATER THAN 75,000 CUBIC FEET BUT LESS THAN 3/4 ACRE DISTURBANCE	(BASED ON 20.11.2.15. M. NMAC)
INSPECTION FEE (if 3/4 acre or more fill out F2 only)	= \$160.00

F4. TOTAL PROJECT FEE TABLE**TOTAL PROJECT FEE:** Add Filing & Review Fee (F1) & Inspection Fee (F2 or F3 above) to determine Total Project Fee.

FILING & REVIEW FEE (F1)	PLUS	INSPECTION FEE (F2 OR F3)	TOTAL PROJECT FEE DUE
\$.00 *	+	\$.00 **	= \$ 0 00

F5. LATE FEE/TOTAL PROJECT FEE TABLE

The form will automatically add the Filing and review Fee and the Inspection Fee together for you.

INSPECTION FEE (if 3/4 acre or more fill out F2 only)	=	\$151.00
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F4. TOTAL PROJECT FEE TABLE**TOTAL PROJECT FEE:** Add Filing & Review Fee (F1) & Inspection Fee (F2 or F3 above) to determine Total Project Fee.

FILING & REVIEW FEE (F1)	PLUS	INSPECTION FEE (F2 OR F3)	TOTAL PROJECT FEE DUE
\$ 350 .00	+	\$ 302 .00	= \$ 652 00

F5. LATE FEE/TOTAL PROJECT FEE TABLE

On the next page (Page 8) you will be required to fill in the permittee information including the signature and initials. Please make sure you complete all the fields.

PART G. – SIGNATURE AUTHORITY OF PERMITTEE

BY SIGNING BELOW, THE APPLICANT CERTIFIES THAT THE INFORMATION PROVIDED IN THIS APPLICATION FOR A PERMIT IS TRUE, ACCURATE AND COMPLETE, AND THE APPLICANT AGREES TO BE THE “PERMITTEE”. THE “PERMITTEE” IS RESPONSIBLE FOR COMPLYING WITH THE PERMIT, PLAN, AND ALL REQUIREMENTS OF PART 20.11.20 NMAC. FAILURE TO COMPLY SHALL BE A VIOLATION OF PART 20.11.20 NMAC.

THE PERMITTEE SIGNATURE BOX MUST BE COMPLETED (COMPLETE ALL APPLICABLE INFORMATION)		
PRINT PERMITTEE’S BUSINESS NAME	EMAIL ADDRESS OF PERMITTEE	FAX NUMBER OF PERMITTEE
PHONE NUMBER OF PERMITTEE	CELL PHONE OF PERMITTEE	
MAILING ADDRESS OF PERMITTEE	CITY	STATE ZIP CODE
PRINT NAME OF INDIVIDUAL SIGNING FOR PERMITTEE	PRINT TITLE OF INDIVIDUAL SIGNING FOR PERMITTEE	
SIGNATURE OF PERMITTEE	INITIALS OF PERMITTEE	DATE SUBMITTED

IT IS THE RESPONSIBILITY OF THE PERMITTEE OR DESIGNATED RESPONSIBLE PERSON OR OFFICIAL TO ENSURE THAT THE PERMIT OR AMENDED PERMIT CONTAINS CURRENT CONTACT INFORMATION AND THAT A COPY IS MAINTAINED AT THE WORK SITE AND IS PROVIDED TO THE DEPARTMENT. FAILURE TO MAINTAIN AND PROVIDE UP-TO-DATE CONTACT INFORMATION SHALL BE A VIOLATION OF 20.11.20 NMAC.

After completing the permittee information in Part G please select an option for Part H and Part I. Part H will have the option of “Same as Permittee” or “Project Owner or Operator.”

PRINT PERMITTEE’S BUSINESS NAME	EMAIL ADDRESS OF PERMITTEE	FAX NUMBER OF PERMITTEE
PHONE NUMBER OF PERMITTEE	CELL PHONE OF PERMITTEE	
MAILING ADDRESS OF PERMITTEE	CITY	STATE ZIP CODE
PRINT NAME OF INDIVIDUAL SIGNING FOR PERMITTEE	PRINT TITLE OF INDIVIDUAL SIGNING FOR PERMITTEE	
SIGNATURE OF PERMITTEE	INITIALS OF PERMITTEE	DATE SUBMITTED

IT IS THE RESPONSIBILITY OF THE PERMITTEE OR DESIGNATED RESPONSIBLE PERSON OR OFFICIAL TO ENSURE THAT THE PERMIT OR AMENDED PERMIT CONTAINS CURRENT CONTACT INFORMATION AND THAT A COPY IS MAINTAINED AT THE WORK SITE AND IS PROVIDED TO THE DEPARTMENT. FAILURE TO MAINTAIN AND PROVIDE UP-TO-DATE CONTACT INFORMATION SHALL BE A VIOLATION OF 20.11.20 NMAC.

Choose option as to which party is signing

PART H. – OWNER OR OPERATOR INFORMATION

IF THE PERMITTEE FAILS TO COMPLY WITH THE PROVISIONS OF 20.11.20 NMAC – FUGITIVE DUST CONTROL, AND SHALL BE RESPONSIBLE TO TAKE ALL REQUIRED ACTIONS TO PREVENT A VIOLATION OF 20.11.20 NMAC – FUGITIVE DUST CONTROL, INCLUDING STOPPING ALL ACTIVE OPERATIONS, IF NECESSARY. FAILURE TO COMPLY SHALL BE A VIOLATION OF 20.11.20 NMAC – FUGITIVE DUST CONTROL.

THE INFORMATION IN THIS SIGNATURE BOX IS REPRESENTATIVE OF (CHECK ONE):

Under Part I on Page 9 there will be the choices “Same as Permittee”, “Project Owner or Operator” and “Responsible Person.”

PHONE OF PROJECT OWNER/OPERATOR _____	CELL OF PROJECT OWNER/OPERATOR _____	FAX OF OWNER/OPERATOR _____
EMAIL ADDRESS OF PROJECT OWNER/OPERATOR _____		

Department Review by _____

Permittee's Initials MS

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Next

Select option for who is responsible signer

PART I. – SIGNATURE AUTHORITY OF RESPONSIBLE PERSON

RESPONSIBLE PERSON MEANS THE PERSON DESIGNATED IN A PERMIT WHO IS RESPONSIBLE FOR THE PERMITTEE'S COMPLIANCE WITH 20.11.20 NMAC – FUGITIVE DUST CONTROL, TO THE EXTENT SPECIFIED IN THE PERMIT. THE OWNER, THE OPERATOR, OR ANOTHER PERSON(S).

IF MORE THAN 1 INDIVIDUAL WILL BE DESIGNATED AS A RESPONSIBLE PERSON AT THE TIME OF THIS APPLICATION SUBMITTAL, MAKE PHOTOCOPIES OF THIS PAGE BEFORE COMPLETING ANY INFORMATION. AFTER THE ISSUANCE OF THE PERMIT, THE DEPARTMENT MAY APPROVE IN WRITING AN AMENDMENT TO THE PERMIT TO ADD OR CHANGE A DESIGNATED RESPONSIBLE PERSON(S).

PRINT RESPONSIBLE PERSON'S BUSINESS NAME _____	PRINT NAME OF INDIVIDUAL SIGNING AS A RESPONSIBLE PERSON _____
PRINT TITLE OF INDIVIDUAL SIGNING AS A RESPONSIBLE PERSON _____	DATE SIGNED _____
SIGNATURE OF INDIVIDUAL SIGNING AS A RESPONSIBLE PERSON _____	INITIALS OF INDIVIDUAL SIGNING AS A RESPONSIBLE PERSON _____
ADDRESS OF INDIVIDUAL SIGNING AS A RESPONSIBLE PERSON _____	CITY _____ STATE _____ ZIP CODE _____

Select...

Select...
 Same as Permittee
 Project Owner or Operator
 Responsible Person

The last two pages of the application are a disclosure form. Read carefully, complete all applicable fields and sign. Depending on how you answer the only question that is allowed to be blank is 5b.

COMPLIANCE HISTORY		
A. Applicant/Permittee Name: _____		Check Applicable Box: <input type="checkbox"/> Applicant <input type="checkbox"/> Permittee
B. Time Period of Compliance Reporting (10 Years): _____ to _____ <i>Instructions: For applicants, answer the following questions with information from within the 10 years preceding the current application. For existing permit holders, answer the following questions with information from within the 10 years preceding the Program's issuance of the permit.</i>		
C. Questions		
1	Knowingly misrepresented a material fact in an application for a permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Refused to disclose information required by the provisions of the New Mexico Air Quality Control Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Been convicted in any court of any state or the United States of a felony related to environmental crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Been convicted in any court of any state or the United States of a crime defined by state or federal statute as involving or being in restraint of trade, price fixing, bribery, or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5a	Constructed or operated any facility for which a permit was sought, including the current application, without the required air quality permit(s) under 20.11.41 NMAC, 20.11.42 NMAC, 20.11.60 NMAC, 20.11.61 NMAC, or 20.11.62 NMAC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5b	<p>If "No" to question 5a, go to question 6.</p> <p>If "Yes" to question 5a, state whether each facility that was constructed or operated without the required air quality permit met at least one of the following exceptions:</p> <p>i. The unpermitted facility was discovered after acquisition during a timely environmental audit that was authorized by the Program or the New Mexico Environment Department; or</p> <p>ii. The operator of the facility, using good engineering practices and established approved calculation methodologies, estimated that the facility's emissions would not require an air permit, and the operator applied for an air permit within 30 calendar days of discovering that an air permit was required for the facility.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Had any permit revoked or permanently suspended for cause under the environmental laws of any state or the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	For each "yes" answer, please attach an explanation and supporting documentation.	

I, the undersigned, hereby certify under penalty of law that this Compliance History Disclosure Form (Form) and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. I have knowledge of the information in this Form and it is, to the best of my knowledge and belief, true, accurate, and complete. I understand that there are significant penalties for submitting false information, including denial of the application or revocation of a permit, as well as fines and imprisonment for knowing violations. If I filed an application, I covenant and agree to promptly supplement and correct information in this Form until the Program makes a final decision regarding the application. Further, I certify that I am qualified and authorized to file this Form, to certify to the truth and accuracy of the information herein, and bind the permittee and source.

Signed on 12/13/2023

 Print Name
 * [Click here to sign](#)
 Signature

 Print Title

 Company Name

After all required fields have been completed there will be a pop-up message at the bottom of the page to sign the document.

Printed Name of Property Owner _____	Business Name _____	Title _____
By signing below as Property Owner, I agree to the transfer of responsibility of existing Fugitive Dust Control Permit # _____ & incorporated Fugitive Dust Control Plan to above signed new Permittee.		
Signature of Property Owner _____	Initials _____	Date Signed _____

Area Below For Department Use Only
Initial One of the Conditions (A or B) Below

A.) Department has determined that no change to permit/plan is necessary, other than administrative _____				
B.) Department has determined that necessary change(s) to permit and/or plan are required prior to transfer _____				

PERMIT TRANSFER OF AGREEMENT REVIEWED BY:	DEEMED COMPLETE DATE	TRANSFERRED PERMIT # _____ ISSUED BY:	ISSUE DATE	EXPIRATION DATE
_____	____/____/20____	_____	____/____/20____	____/____/20____
AIR QUALITY PROGRAM		AIR QUALITY PROGRAM		

Department Review by _____ Permittee's Initials MS
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Signature:
Email:

By signing, I agree to this agreement, the [Consumer Disclosure](#) and to do business electronically with City of Albuquerque.

[Click to Sign](#)

After clicking the "Click to Sign" a pop-up window will appear to enter participant information.

023 Fugitive Dust Co

me of Current Permitt

nature

w Permittee's Busines

dress

me of New Permittee

ice Phone: Cell Pho

signing below as new

nstruction Permit #

nature of New Permitt

nted Name of Property Owner

Business Name

Title

signing below as Property Owner, I agree to the transfer of responsibility of existing Fugitive Dust Control Permit #

ncorporated Fugitive Dust Control Plan to above signed new Permittee.

nature of Property Owner

Initials

Date Signed

Assign to next participants

To complete the form please enter the information for the next participant. They will receive an email to complete this form.

*** Participant 2**

First name Last name

Enter first name Enter last name

Email address Confirm email address

Enter email address Enter email address

[+ Add Message](#)

*** Participant 3**

First name Last name

Enter first name Enter last name

Email address Confirm email address

Cancel Next

“Participant 2” will be the person signing as the Project Owner/ Operator and “Participant 3” will be the person signing as the Responsible Person. If the same person will be signing for both enter their name and e-mail address in both fields.

After completing both “Participant” fields the next prompt will require entering your email address in order to sign the document.

Enter Your Information X

Please enter your email and then click to sign this document.

Email

Cancel Back Click to sign

Enter your email address and click on “Click to Sign.”

Enter Your Information X

Please enter your email and then click to sign this document.

msalisbury@cabq.gov

Cancel Back Click to sign

The next screen will confirm that an email has been sent in order to confirm your email address.

Just one more step

We just emailed you a link to make sure it's you. It'll only take a few seconds, and we can't accept your signature on "2023 Fugitive Dust Construction Application and Compliance History Form 2.5" until you've confirmed.

Wait a few moments and check your email for the confirmation. Once the email has been received click on "Confirm my email address."



Thank you for signing 2023 Fugitive Dust Construction Application and Compliance History Form 2.5. To complete the process, you just need to confirm your email address using the link below. It will only take seconds.

[Confirm my email address](#) ✖

After you confirm your signature and other form participants have fulfilled their roles, all parties will receive a completed copy of 2023 Fugitive Dust Construction Application and Compliance History Form 2.5 as a PDF.

To ensure that you continue receiving our emails, please add adobesign@adobesign.com to your address book or safe list.

A confirmation will open in a new tab on your internet browser confirming the email and stating it has been sent to the other participants.

Your e-signing of 2023 Fugitive Dust Construction Application and Compliance History Form 2.5 has been verified. It has now been emailed to the additional signer(s) for their signature.



The next participant will receive an email to review and sign the document.

Adobe Acrobat Sign on behalf of Enforcement Compliance <adobesign@adobesign.com>


Signature requested on "2023 Fugitive Dust Construction Application and Compliance History Form 2.5"

Michael N.

[INAL] Forward to phishing@cabq.gov and delete if an email causes any concern.



Enforcement Compliance requests your signature on
2023 Fugitive Dust Construction Application and Compliance History Form 2.5

 **Review and sign**


Private message to you:

Please fill in owner/operator info and sign.

ENFORCEMENT COMPLIANCE
aqd-ec@cabq.gov

After you sign **2023 Fugitive Dust Construction Application and Compliance History Form 2.5**, the agreement will be sent to Michael Salisbury and Enforcement Compliance. Then, all parties will receive a final PDF copy by email.

Don't forward this email: If you don't want to sign, you can [delegate](#) to someone else.



By proceeding, you agree that this agreement may be signed using electronic or handwritten signatures.

To ensure that you continue receiving our emails, please add adobesign@adobesign.com to your address book or safe list.

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Once "Participant 2" (Owner/Operator) has entered all applicable information and signed the document will be emailed to "Participant 3" (Responsible Person). Once "Participant 3" has completed and signed the document it will be emailed to the department and a copy will be emailed to all participating parties.