

ADEC NOASH and Stage 1 Waiver Pre-Application



In order to qualify for a NOASH and/or Stage 1 waiver, the Alaska Department of Environmental Conservation (ADEC) requires an applicant to verify that they have inquired with the Fairbanks North Star Borough (FNSB) to determine if they may qualify for the FNSB's enhanced voluntary removal, replacement, and repair program (known as the "change-out program" or "WSCOP"). The waiver applicant must complete the "PRIOR to FNSB review" portion of this form.

Submit this document to FNSB by email at aqip@fnsb.gov or a hardcopy can be mailed to FNSB Air Quality, 3175 Peger Rd, Fairbanks, AK 99709.

Upon FNSB completion, include this form in your application submittal to ADEC.

NOTE: ADEC NOASH OR STAGE 1 WAIVER APPLICATION DOES NOT REQUIRE PARTICIPATION IN THE WSCOP.

The following information is necessary for the FNSB to determine eligibility for its programs (this information must match the application used for the waiver):

----- To be filled in by waiver applicant **PRIOR** to **FNSB** review -----

Name: _____ Phone#: _____
Mailing Address: _____ Email: _____
Property address where appliance is located: _____ Are you
the legal owner(s) of the property? YES NO (Only legal owner(s) of the property can apply for change out program)
Type of appliance (circle): wood stove pellet stove hydronic heater fireplace other: _____
Manufacturer of appliance: _____ Manufactured Date: _____
Model: _____

I understand that: (Initial each statement)

____ The options presented by FNSB are based on a preliminary determination, subject to additional requirements;

____ This document is not an application to the FNSB change out program; and,

____ This document does not guarantee approval for any of the FNSB checked options below.

By signing below, I attest that all information provided is true and accurate to the best of my knowledge.

Waiver applicant signature: _____ Date: _____

Printed Name: _____

----- To be filled in by **FNSB** Change-Out Program Staff -----

Replacement Appliance Options:

- | | |
|---|--|
| <input type="checkbox"/> Natural Gas/Propane | <input type="checkbox"/> Emergency Power Back-up |
| <input type="checkbox"/> Home Heating Oil | <input type="checkbox"/> Electric |
| <input type="checkbox"/> Cert. Catalytic Wood Stove | <input type="checkbox"/> Hot Water District Heat |
| <input type="checkbox"/> Pellet Stove / HH | |

Other Available Options:

- | |
|--|
| <input type="checkbox"/> Appliance Removal only
(without replacement) |
| <input type="checkbox"/> Appliance Repair |
| <input type="checkbox"/> NOASH Reduction Program |

Ineligible:

- | |
|---|
| <input type="checkbox"/> Funding Limitation |
| <input type="checkbox"/> Noncompliance |

Program Staff Signature: _____ Date: _____ Program Staff

Printed Name: _____