

**AIR QUALITY PERMIT APPLICATION  
GENERAL FACILITY INFORMATION**

APPLICATION NUMBER  
(AQD Use Only)

|                 |                     |      |  |  |      |  |  |       |  |     |  |
|-----------------|---------------------|------|--|--|------|--|--|-------|--|-----|--|
| 1               | COMPANY INFORMATION | Name |  |  |      |  |  |       |  |     |  |
| Mailing Address |                     |      |  |  | City |  |  | State |  | Zip |  |

|   |                  |                             |     |                       |          |                  |  |          |  |  |  |
|---|------------------|-----------------------------|-----|-----------------------|----------|------------------|--|----------|--|--|--|
| 2   | APPLICATION TYPE | Applicability Determination |     | Construction Permit   |          | Operating Permit |  |          |  |  |  |
| GP Authorization To Construct                 |                  | GP Authorization To Operate |     |                       | GP Name: |                  |  |          |  |  |  |
| Renewal                                       | Modification     | Relocation                  | PBR | PBR Type:             |          |                  |  |          |  |  |  |
| Permit Number(s) (If Applicable)              |                  |                             |     |                       |          |                  |  |          |  |  |  |
| Est. Date of Construction/Modification Start: |                  |                             |     | Operational Start-up: |          |                  |  |          |  |  |  |
| Construction Permit Public Review Process:    |                  |                             |     | Traditional           |          |                  |  | Enhanced |  |  |  |

|  |                                       |     |    |
|--|---------------------------------------|-----|----|
| 3  | IS CONFIDENTIAL INFORMATION INCLUDED? | YES | NO |
| By including confidential information, Applicant acknowledges that such information may be shared with the U.S. Environmental Protection Agency for purposes consistent with the Federal Clean Air Act, 42 U.S.C. §§ 4201 et. seq. |                                       |     |    |

|               |                     |        |         |                 |               |
|---------------|---------------------|--------|---------|-----------------|---------------|
| 4             | TIER CLASSIFICATION | Tier I | Tier II | Tier III        | N/A – AD only |
| FACILITY TYPE |                     | Major  | Minor   | Synthetic Minor |               |

|   |                |    |         |      |
|---|----------------|----|---------|------|
| 5 | FEES SUBMITTED | \$ | Check # | Date |
|---|----------------|----|---------|------|

|                |                   |               |  |      |  |  |       |  |     |  |  |
|----------------|-------------------|---------------|--|------|--|--|-------|--|-----|--|--|
| 6              | TECHNICAL CONTACT | Name          |  |      |  |  |       |  |     |  |  |
| Phone          |                   | Email Address |  |      |  |  |       |  |     |  |  |
| Company Name   |                   |               |  |      |  |  |       |  |     |  |  |
| Street Address |                   |               |  | City |  |  | State |  | Zip |  |  |

|  |                      |               |  |       |          |  |        |  |  |  |  |
|--|----------------------|---------------|--|-------|----------|--|--------|--|--|--|--|
| 7                                      | FACILITY INFORMATION | Name          |  |       |          |  |        |  |  |  |  |
| SIC Code(s)                            |                      | NAICS Code(s) |  |       |          |  |        |  |  |  |  |
| Contact Person                         |                      |               |  | Title | Phone    |  |        |  |  |  |  |
| LEGAL DESCRIPTION                      | Sub Section          | Section       |  |       | Township |  | Range  |  |  |  |  |
| Physical Address or Driving Directions |                      |               |  |       |          |  |        |  |  |  |  |
| City or Nearest Town                   |                      |               |  | Zip   |          |  | County |  |  |  |  |

|                    |                        |   |                           |
|--------------------|------------------------|---|---------------------------|
| 8                  | GEOGRAPHIC COORDINATES | Latitude (to 5 Decimals)  | Longitude (to 5 Decimals) |
| REFERENCE POINT    |                        | Facility Entrance Point or First Gate of Lease Property (preferred above all other options) |                           |
| Center of Facility | Other (Specify):       |   |                           |

|                                  |                           |   |  |       |  |  |       |  |     |  |  |
|----------------------------------|---------------------------|---|--|-------|--|--|-------|--|-----|--|--|
| 9                                | APPLICATION CERTIFICATION | <b>This application, including all attachments, has been submitted as required by OAC 252:100. I certify that (a) I am the Responsible Official for this company as defined in OAC 252:100-1-3; and (b) based on information and belief formed after reasonable inquiry, the statements and information contained in this application are true, accurate, and complete.</b> |  |       |  |  |       |  |     |  |  |
| Responsible Official (name)      |                           |   |  | Title |  |  |       |  |     |  |  |
| Responsible Official (signature) |                           |   |  | Date  |  |  |       |  |     |  |  |
| Phone                            |                           | Email Address   |  |       |  |  |       |  |     |  |  |
| Street Address                   |                           |   |  | City  |  |  | State |  | Zip |  |  |