

**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 Operate		GP Authorization To Construct		GP Name:						
Renewal	Modification	Relocation	PBR	PBR Type:						
Permit Number(s) (If Applicable)										
Est. Date of Construction/Modification Start:			Operational Start-up:		Completion:					

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						
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6	TECHNICAL CONTACT	Name								
Phone		Fax	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)							
DATA SOURCE		GPS	DEQ Data Viewer	Web Viewer (Specify):						
Center of Township & Range Section or relevant subsection				Street Address (Conversion Program):						
Unknown	Other (Specify):									
REFERENCE POINT		Facility Entrance Point or First Gate of Lease Property (preferred above all other options)								
Center of Facility	Unknown	Other (Specify):								

9	APPLICATION CERTIFICATION	<b>This application, including all attachments, has been submitted as required by OAC 252:100.</b>								
<b>I certify that (a) I am the Responsible Official for this company as defined in OAC 252:100-3; 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		Fax	Email Address							
Street Address			City	State	Zip					