

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
AIR DIVISION

Facility Number

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Do not Write in This Space

**MAJOR SOURCE OPERATING PERMIT APPLICATION
SKELETON FORM FOR APPLICANTS IN YEARS 3, 4, AND 5**

1. Name of Firm or Institution:

Facility Location

Street & Number

City

County

Zip

2. Name of Owner:

Owner's Address

Street & Number

City

State

Zip

Plant Owner's Telephone Number:

3. Name of Responsible Official:

Responsible Official's Address

Street & Number

City

State

Zip

Responsible Official's Telephone Number:

4. Name of Plant Contact:

Title of Contact:

Plant Contact's Telephone Number:

5. UTM Coordinates: _____ E-W _____ N-S

7. Are there any MACT or NSPS regulations that apply to your facility that are not presently identified in the permits listed in item 6? yes no

If yes, list on separate sheet and indicate compliance status

8. General nature of business: (describe and list appropriate standard industrial classification (SIC) code(s)):

I AGREE TO PAY ANNUAL OPERATING PERMIT FEES BASED ON THE ACTUAL EMISSIONS AT THIS FACILITY AT A RATE BASED ON THE FEE RATES SPECIFIED IN ADEM ADMIN. CODE OF R. 335-1-7-.04.

I ALSO CERTIFY UNDER PENALTY OF LAW THAT, BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE, ACCURATE AND COMPLETE.

I ALSO CERTIFY THAT THE SOURCE WILL CONTINUE TO COMPLY WITH APPLICABLE REQUIREMENTS FOR WHICH IT IS IN COMPLIANCE, AND THAT THE SOURCE WILL, IN A TIMELY MANNER, MEET ALL APPLICABLE REQUIREMENTS THAT WILL BECOME EFFECTIVE DURING THE PERMIT TERM AND SUBMIT A DETAILED SCHEDULE, IF NEEDED FOR MEETING THE REQUIREMENTS.

SIGNATURE OF RESPONSIBLE OFFICIAL

DATE