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# FORM A

## GENERAL FACILITY INFORMATION

REVISED 03/03/23

**NCDEQ/Division of Air Quality - Application for Air Permit to Construct/Operate**

**A**

**NOTE - APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING:**

- ☐ Local Zoning Consistency Determination (new or modification only)
- ☐ Appropriate Number of Copies of Application
- ☐ Responsible Official/Authorized Contact Signature
- ☐ P.E. Seal (if required)

**Application Fee** (please check one option below)

☐ Not Required ☐ ePayment ☐ Check Enclosed

**GENERAL INFORMATION**

| | |
|---|---|
| ***Legal Corporate/Owner Name:*** | |
| ***Site Name:*** | |
| Site Address (911 Address) Line 1: | |
| Site Address Line 2: | |
| City: | State: North Carolina |
| Zip Code: | County: |

**CONTACT INFORMATION**

| ***Responsible Official/Authorized Contact*** | | | ***Invoice Contact*** | | |
|---|---|---|---|---|---|
| Name & Title: | | | Name & Title: | | |
| Mailing Address Line 1: | | | Mailing Address Line 1: | | |
| Mailing Address Line 2: | | | Mailing Address Line 2: | | |
| City: | State: North Carolina | Zip Code: | City: | State: North Carolina | Zip Code: |
| Primary Phone No.: | Fax No.: | | Primary Phone No.: | Fax No.: | |
| Secondary Phone No.: | | | Secondary Phone No.: | | |
| Email Address: | | | Email Address: | | |

| ***Facility/Inspection Contact*** | | | ***Permit/Technical Contact*** | | |
|---|---|---|---|---|---|
| Name & Title: | | | Name & Title: | | |
| Mailing Address Line 1: | | | Mailing Address Line 1: | | |
| Mailing Address Line 2: | | | Mailing Address Line 2: | | |
| City: | State: North Carolina | Zip Code: | City: | State: North Carolina | Zip Code: |
| Primary Phone No.: | Fax No.: | | Primary Phone No.: | Fax No.: | |
| Secondary Phone No.: | | | Secondary Phone No.: | | |
| Email Address: | | | Email Address: | | |

**APPLICATION IS BEING MADE FOR:**

- ☐ New Non-permitted Facility/Greenfield
- ☐ Modification of Facility (permitted)
- ☐ Renewal Title V
- ☐ Renewal Non-Title V
- ☐ Name Change Only
- ☐ Ownership Change
- ☐ Administrative Amendment
- ☐ Renewal with Modification

**FACILITY CLASSIFICATION AFTER APPLICATION (Check Only One)**

☐ General ☐ Small ☐ Prohibitory Small ☐ Synthetic Minor ☐ Title V

**FACILITY INFORMATION**

Describe nature of (plant site) operation(s):

| | | |
|---|---|---|
| | Facility ID No. | |
| Primary SIC/NAICS Code: | Current/Previous Air Permit No. | Expiration Date: |
| FACILITY LOCATION: Latitude: | Longitude: | |

**Does this application contain confidential data?** ◯ **YES** ◯ **NO** ******If yes, please contact the DAQ Regional Office prior to submitting this application.***** **(See Instructions)**

**PERSON OR FIRM THAT PREPARED APPLICATION**

| | | | |
|---|---|---|---|
| Person Name: | | Firm Name: | |
| Mailing Address Line 1: | | Mailing Address Line 2: | |
| City: | State: | Zip Code: | County: |
| Phone No.: | Fax No.: | Email Address: | |

**SIGNATURE OF RESPONSIBLE OFFICIAL/AUTHORIZED CONTACT**

| | |
|---|---|
| Name (typed): | Title: |
| **X** Signature (**Blue Ink**): | Date: |

**Attach Additional Sheets As Necessary**

# FORM A (continued, page 2 of 2)

## GENERAL FACILITY INFORMATION

REVISED 02/22/23 | NCDEQ/Division of Air Quality - Application for Air Permit to Construct/Operate | A

### SECTION AA1 - APPLICATION FOR NON-TITLE V PERMIT RENEWAL

_____ (Company Name) hereby formally requests renewal of Air Permit No. _____

There have been no modifications to the originally permitted facility or the operations therein that would require an air permit since the last permit was issued.

Is your facility subject to 40 CFR Part 68 "Prevention of Accidental Releases" - Section 112(r) of the Clean Air Act? ◯ YES ◯ NO

If yes, have you already submitted a Risk Manage Plan (RMP) to EPA? ◯ YES ◯ NO Date Submitted: _____

Did you attach a current emissions inventory? ◯ YES ◯ NO

If no, did you submit the inventory via AERO or by mail? ☐ Via AERO ☐ Mailed Date Mailed: _____

### SECTION AA2 - APPLICATION FOR TITLE V PERMIT RENEWAL

In accordance with the provisions of Title 15A 2Q .0513, the responsible official of _____ (Company Name) hereby formally requests renewal of Air Permit No. _____ (Air Permit No.) and further certifies that:

(1) The current air quality permit identifies and describes all emissions units at the above subject facility, except where such units are exempted under the North
(2) Carolina Title V regulations at 15A NCAC 2Q .0500;
(3) The current air quality permit cites all applicable requirements and provides the method or methods for determining compliance with the applicable requirements;
(4) The facility is currently in compliance, and shall continue to comply, with all applicable requirements. (Note: As provided under 15A NCAC 2Q .0512, compliance with the conditions of the permit shall be deemed compliance with the applicable requirements specifically identified in the permit);
(5) For applicable requirements that become effective during the term of the renewed permit that the facility shall comply on a timely basis; The facility shall fulfill applicable enhanced monitoring requirements and submit a compliance certification as required by 40 CFR Part 64.

The responsible official (signature on page 1) certifies under the penalty of law that all information and statements provided above, based on information and belief formed after reasonable inquiry, are true, accurate, and complete.

### SECTION AA3 - APPLICATION FOR NAME CHANGE

New Facility Name: _____

Former Facility Name: _____

An official facility name change is requested as described above for the air permit mentioned on page 1 of this form. Complete the other sections if there have been modifications to the originally permitted facility that would require an air quality permit since the last permit was issued and if there has been an ownership change associated with this name change.

### SECTION AA4 - APPLICATION FOR AN OWNERSHIP CHANGE

By this application we hereby request transfer of Air Quality Permit Number _____ from the former owner to the new owner as described below. The transfer of permit responsibility, coverage and liability shall be effective _____ immediately (or insert date). The legal ownership of the facility described on page 1 of this form has been, or will be, transferred on _____ (date). There have been no modifications to the originally permitted facility that would require a permit since the last permit was issued.

***Signature of New (Buyer) Responsible Official/Authorized Contact (as typed on page 1):***

X Signature (**Blue Ink**): _____ Date:

New Facility Name:

Former Facility Name:

***Signature of Former (Seller) Responsible Official/Authorized Contact:***

Name (typed or print):

Title:

X Signature (**Blue Ink**): _____ Date:

Former Legal Corporate/Owner Name:

**In lieu of the seller's signature on this form, a letter may be submitted with the seller's signature indicating the ownership change**

### SECTION AA5 - APPLICATION FOR ADMINISTRATIVE AMENDMENT

Describe the requested administrative amendment here (attach additional documents as necessary):

**Attach Additional Sheets As Necessary**