|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Site Information:** | | | | | | | | |
| Organization’s Legal Name | | | | | | | | **Air Quality**  **Use Only** |
| Site Name (if different from legal name) | | | | | | | |  |
| Street | | | City, State, Zip | | | | | |
| NAICS or SIC Code | | | Site Location (Latitude and Longitude) | | | | | |
| 1. **Responsible Official Contact Information:** | | | | | | | | |
| Name | | | Telephone | | | | | |
| Street | | | Fax | | | | | |
| City, State, Zip | | | Email | | | | | |
| 1. **Technical/Source Contact Information:** | | | | | | | | |
| Name | | | Telephone | | | | | |
| Street | | | Fax | | | | | |
| City, State, Zip | | | Email | | | | | |
| 1. **Type of permit action requested:** | | | | | | | | |
| Initial Application to Operate  Permit Renewal to Operate | Administrative Permit Amendment  Minor Permit Modification | | | Significant Permit Modification  Construction Permit | | | | |
| 1. **Hazardous air pollutants, designations, and other permits associated with facility:** | | | | | | | | |
| Is this facility subject to the provisions governing prevention of accidental releases of hazardous air contaminants contained in Knox County Air Quality Management Regulations Section 35.4? | | | | | | | Yes  No | |
| If the answer is Yes above, are you in compliance with Knox County Air Quality Management Regulations Section 35.4? | | | | | | Yes  No  N/A | | |
| If facility is located in an area designated as “Non-Attainment” or “Additional Control”, indicate the pollutant(s) for the designation. | | | | | | | | |
| List all valid Air Quality permits issued to the sources contained in this application. | | | | | | | | |
| **Page number:** | | **Revision number:** | | | **Date of revision:** | | | |