FORM A1

FACILITY (General Information)

REVISED 08/06/12 **NCDENR/Division of Air Quality - Application for Air Permit to Construct/Operate** **A1**

NOTE- APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING:

☐ Local Zoning Consistency Determination (if required) ☐ Facility Reduction & Recycling Survey Form (Form A4) ☐ Application Fee
☐ Responsible Official/Authorized Contact Signature ☐ Appropriate Number of Copies of Application ☐ P.E. Seal (if required)

GENERAL INFORMATION

Legal Corporate/Owner Name:

Site Name:

Site Address (911 Address) Line 1:

Site Address Line 2:

City:	State:
Zip Code:	County:

CONTACT INFORMATION

Permit/Technical Contact:		***Facility/Inspection Contact:***	
Name/Title:		Name/Title:	
Mailing Address Line 1:		Mailing Address Line 1:	
Mailing Address Line 2:		Mailing Address Line 2:	
City: State: Zip Code:		City: State: Zip Code:	
Phone No. (area code)	Fax No. (area code)	Phone No. (area code)	Fax No. (area code)
Email Address:		Email Address:	

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: Zip Code:		City: State: Zip Code:	
Phone No. (area code)	Fax No. (area code)	Phone No. (area code)	Fax No. (area code)
Email Address:		Email Address:	

APPLICATION IS BEING MADE FOR

☐ New Non-permitted Facility/Greenfield ☐ Modification of Facility (permitted) ☐ Renewal with Modification
☐ Renewal (TV Only)

FACILITY CLASSIFICATION AFTER APPLICATION (Check Only One)

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

FACILITY (Plant Site) INFORMATION

Describe nature of (plant site) operation(s): **Facility ID No**. :

Primary SIC/NAICS Code:	Current/Previous Air Permit No.	Expiration Date:
Facility Coordinates: 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. (area code)	Fax No. (area code)	Email Address:	

SIGNATURE OF RESPONSIBLE OFFICIAL/AUTHORIZED CONTACT

Name (typed):	Title:
X Signature(Blue Ink):	Date:

Attach Additional Sheets As Necessary