



LRAPA
Lane Regional Air Pollution Authority

FOR OFFICIAL USE
Date Rec d _____
Permit No. _____
Const. No. _____

SUBMIT COPY OF THE APPLICATION AND EXHIBITS TO:

Lane Regional Air Pollution Authority
1010 Main Street
Springfield, OR 97477
Voice (541) 736-1056
Fax (541) 736-1056

**REQUEST FOR CONSTRUCTION REVIEW
FOR AN AIR POLLUTION SOURCE IN LANE COUNTY**

OFFICIAL NAME OF APPLICANT			
Official Name		(Area Code) Phone	
Mailing Address		City	State
Zip			
LOCATION OF FACILITY		CONTACT PERSON	
Business Name or Division		Name	
Street Address		Title	
City/State		Mailing Address	
Zip		City/State	Zip
Phone			
BRIEFLY DESCRIBE NATURE OF BUSINESS, WHERE FACILITY WILL BE LOCATED, AND WHETHER BUSINESS IS NEW OR NEW AT THIS LOCATION:			
PROVIDE A BRIEF TECHNICAL DESCRIPTION OF THE PROPOSED FACILITY AND ITS FUNCTION. ATTACH PLANS AND SPECIFICATIONS. ATTACH PROCESS FLOW DIAGRAM AND PLOT PLAN AS APPROPRIATE:			
BRIEFLY DESCRIBE PROPOSED POLLUTION CONTROL EQUIPMENT:			

