

NOTICE OF APPROVED CONSTRUCTION COMPLETION**FORM AQ104C
ANSWER SHEET****Return this form within 30 days of completion of approved construction.**

| | |
|--|--|
| NC Application Number: | |
| Permit Number (if applicable): | |
| Company Name: | |
| Street Address: | |
| City, State, Zip Code: | |
| Contact Person: | |
| Phone Number: | |
| Brief description of installed facility/equipment: | |
| Date construction completed: | |
| Date placed in operation: | |
| Do you wish to apply for tax credits? (yes/no) | |

| | |
|---|--|
| Signature | |
| <i>I certify that the information contained in this notice, including any schedules and exhibits attached to the notice, are true and correct to the best of my knowledge and belief.</i> | |
| Name of official: | |
| Title of official: | |
| Phone number of official: | |
| Date | |
| Signature of official | |

SUBMIT THE COMPLETED NOTICE OF APPROVED CONSTRUCTION COMPLETION FORM TO THE LRAPA ADDRESS SHOWN BELOW:

Lane Regional Air Protection Agency
 1010 Main St.
 Springfield, OR 97477
 (541) 736-1056