

ADMINISTRATIVE INFORMATION

FOR LRAPA USE ONLY	
Permit Number:	Type of Application:
Application No:	RNW ___ MOD ___ NEW ___
Date Received :	
	Check No. Amount \$

1. Company	2. Facility Location
Legal Name:	Name:
Mailing Address:	Street Address:
City, State, Zip Code:	City, County, Zip Code:
Number of employees (corporate):	Number of employees (facility):
3. Industrial Classification Code(s)	4. Other LRAPA Permits
Primary SIC and NAICS:	
Secondary SIC and NAICS:	
5. Permit Action*:	
<input type="checkbox"/> Short Term Activity ACDP <input type="checkbox"/> New Simple ACDP with short-term NAAQS analysis <input type="checkbox"/> New Construction ACDP with short-term NAAQS analysis <input type="checkbox"/> New Standard ACDP with short-term NAAQS analysis <input type="checkbox"/> New or modified Standard ACDP (PSD/NSR) with short-term NAAQS analysis <input type="checkbox"/> Renewal of an existing permit (include forms AQ402, AQ403, an updated list of equipment, and any other necessary forms) <input type="checkbox"/> Modification of existing permit (may require short-term NAAQS analysis)	

***Applicable fees will be assessed after LRAPA receives the application. Please contact LRAPA for fee questions.**

6. Signature	
<i>I hereby apply for permission to discharge air contaminants in Lane County, Oregon, as stated or described in this application, and certify that the information contained in this application and the schedules and exhibits appended hereto, are true and correct to the best of my knowledge and belief.</i>	
_____	_____
Name of official (Printed or Typed)	Title of official and phone number
_____	_____
Signature of official	Date

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7. Company Information:

Legal Name:	Other company name (if different than legal name):
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8. Site Contact Person: *(A person who deals with LRAPA staff about equipment related problems or issues.)*

Name:	Telephone number:
Title:	E-mail address:
Mailing address	City, State, Zip Code

9. Facility Contact Person: *(A person involved with all environmental issues at the facility although they may be housed at a different site.)*

Name:	Telephone number:
Title:	E-mail address:
Mailing address	City, State, Zip Code

10. Mailing Contact Person: *(A person for which the company would like all agency communications directed.)*

Name:	Telephone number:
Title:	E-mail address:
Mailing address	City, State, Zip Code

11. Invoice Contact Person: *(If other than the site contact person, a valid contact information to which invoices and communications related to resolving invoice questions can be directed.)*

Name:	Telephone number:
Title:	E-mail address:
Mailing address	City, State, Zip Code



LRAPA
Lane Regional Air Protection Agency

**FORM AQ101
ANSWER SHEET**

ADMINISTRATIVE INFORMATION

SUBMIT ONE PAPER COPY AND ONE ELECTRONIC COPY OF THE COMPLETED APPLICATION TO:

Lane Regional Air Protection Agency
1010 Main Street
Springfield, OR 97477
(541) 736-1056
permitting@lrapa.org