

FOR LRAPA USE ONLY	
Permit Number:	
Application No:	Date Received :

<b>1. Permit Number:</b>	
<b>2. Company</b>	<b>3. Facility Location</b>
Legal Name:	Name:
Mailing Address:	Street Address:
City, State, Zip Code:	City, County, Zip Code:
Number of Employees:	
<b>4. Site Contact Person</b>	<b>5. Standard Industrial Classification Code(s)</b>
Name:	Primary:
Title:	Secondary:
Phone number:	<b>6. Type of construction/modification change:</b> (see instructions)
Fax number:	
e-mail address:	

<b>7. Signature</b>	
<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 (Printed or Typed)	Title of official and phone number
_____	_____
Signature of official	Date

**SUBMIT TWO COPIES OF THE COMPLETED NOTICE OF INTENT TO CONSTRUCT TO THE DEPARTMENT REGIONAL OFFICE SHOWN BELOW:**

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



