LRAPA Use Only			
Application No.:	Check No.:		Source Number:
Renewal	Amount:		
New	Date Received:		
	•		
Company		Facility Locat	tion (if other than legal

Company	Facility Location (if other than legal	
	name/address)	
Legal Name:	Name:	
Ownership type:	Plant start date:	
Mailing Address:	Street Address:	
City, State, Zip Code:	City, County, Zip Code:	
Number of employees:	Number of employees:	
(corporate)	(plant site)	
*Standard Industrial Class. Code:	*North Amer. Industry Class. System No.:	

^{*}Industrial classifications can be found on the Internet or at your local library.

Site Contact Person	Invoice Contact Person: (if not plant	
	contact)	
Name:	Name/Title:	
Title:	Address:	
Telephone number:	Telephone number:	
Fax. number:	Fax number:	
e-mail address:	e-mail address:	

1. Plant Information:

a. Date the facility was manufactured	a.	Date t	he facility	y was manufactured
---------------------------------------	----	--------	-------------	--------------------

- b. Date the facility began or will begin operations in Oregon?
- c. Initial location:
- d. Describe in *detail* the process, beginning with when material is received, through the production process, concluding with how the materials are shipped off site.

BA	SIC AIR CONTAMINANT DISCHARGE PERM	<u> </u>	ROCK CRUSHING			
e.	List the projected maximum annual ton concrete or asphalt crushed:	tons/yr				
f.	Are there any generators or other fuel bused in the process? If yes, specify the maximum amount of fuel to be used in					
g.	Is your crusher a portable facility?	(yes/no)				
2.	Has the facility received any air quality/nui (yes/no)	sance complaints w	vithin the last calendar year?			
3.	The attached Land Use Compatibility Statement must be submitted with applications for new permits. If your crusher is a portable plant, a LUCS is not required.					
4.	Signature					
	ereby certify that the information contained st of my knowledge.	in this application	are true and correct to the			
Na	ume of official (Printed or Typed):	Title of official a	and phone number:			
Si	gnature of official:	Date:				

SUBMIT TWO COPIES OF THE COMPLETED APPLICATION TO:

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

APPLICATION FOR:

AQB-015