



**NON-TITLE V PERMIT APPLICATION  
FACILITY IDENTIFICATION**

Type or print and submit. Attach appropriate source description forms.

**SITE INFORMATION**

**1. Organization's legal name and SOS control number** [as registered with the TN Secretary of State (SOS)]

**2. Site name** (if different from legal name)

**3. Is a construction permit application fee being submitted?** Yes No  
(see instructions for appropriate fee to submit)

**4. Site address** (St./Rd./Hwy.) County name

City Zip code **5. NAICS or SIC code**

**6. Site location** Latitude Longitude  
(in lat. /long.)

**CONTACT INFORMATION (RESPONSIBLE PERSON)**

**7. Responsible person/Authorized contact** Phone number with area code

**Mailing address** (St./Rd./Hwy.) Fax number with area code

City State Zip code Email address

**CONTACT INFORMATION (TECHNICAL)**

**8. Principal technical contact** Phone number with area code

**Mailing address** (St./Rd./Hwy.) Fax number with area code

City State Zip code Email address

**CONTACT INFORMATION (BILLING)**

**9. Billing contact** Phone number with area code

**Mailing address** (St./Rd./Hwy.) Fax number with area code

City State Zip code Email address

**AIR CONTAMINANT SOURCE(S) INFORMATION**

**10. Description of air contaminant source(s) and Unique Source ID(s).** List, identify, and briefly describe process emission sources, fuel burning installations, and incinerators that are contained in this application and include a Unique Source ID for each source. The Unique Source ID is a name/number/letter, which uniquely identifies the air contaminant source(s), like Boiler #1, Paint Line #1, Engine #1, etc. (see instructions for more details)

**11. Is the air contaminant source(s) in a nonattainment area? If "Yes", then minor source BACT must be addressed.** Yes    No

<b>12. Normal operation:</b>	Hours/Day	Days/Week	Weeks/Year	Days/Year
<b>13. Percent annual throughput</b>	Dec. – Feb.	March – May	June – August	Sept. – Nov.

**TYPE OF PERMIT REQUESTED (check appropriate box)**

<b>14. Operating permit</b>	Date construction started	Date completed	Date of ownership change (if applicable)
	Last permit number(s)		Emission Source Reference Number(s)
<b>Construction permit</b>	Last permit number(s)		Emission Source Reference Number(s)

If you chose Construction permit above, then choose either New Construction, Modification, or Location Transfer

<b>New Construction</b>	Starting date	Completion date
<b>Modification</b>	Date modification started or will start	Date completed or will complete
<b>Location Transfer</b>	Transfer date	Address of last location

**15. Describe changes that have been made to this equipment or operation(s) since the last construction or operating permit application:**

**16. Comments**

**SIGNATURE**

Based upon information and belief formed after a reasonable inquiry, I, as the responsible person of the above mentioned facility, certify that the information contained in this application is accurate and true to the best of my knowledge. As specified in TCA Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

**17. Signature** (application must be signed before it will be processed)

**Date**

**Signer's name** (type or print)

**Title**

**Phone number with area code**