

Knox County Department of Air Quality Management

Title V Permit Application
 APCV-01 Form: Facility Identification
 (Please Type or Print)



1. Site Information:		Air Quality Use Only
Organization's Legal Name		
Site Name (if different from legal name)		
Street	City, State, Zip	
NAICS or SIC Code	Site Location (Latitude and Longitude)	
2. Responsible Official Contact Information:		
Name	Telephone	
Street	Fax	
City, State, Zip	Email	
3. Technical/Source Contact Information:		
Name	Telephone	
Street	Fax	
City, State, Zip	Email	
4. Type of permit action requested:		
<input type="checkbox"/> Initial Application to Operate <input type="checkbox"/> Administrative Permit Amendment <input type="checkbox"/> Significant Permit Modification <input type="checkbox"/> Permit Renewal to Operate <input type="checkbox"/> Minor Permit Modification <input type="checkbox"/> Construction Permit		
5. Hazardous air pollutants, designations, and other permits associated with facility:		
Is this facility subject to the provisions governing prevention of accidental releases of hazardous air contaminants contained in Knox County Air Quality Management Regulations Section 35.4? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If the answer is Yes above, are you in compliance with Knox County Air Quality Management Regulations Section 35.4? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
If facility is located in an area designated as "Non-Attainment" or "Additional Control", indicate the pollutant(s) for the designation.		
List all valid Air Quality permits issued to the sources contained in this application.		
Page number:	Revision number:	Date of revision: