

KNOX COUNTY DEPARTMENT OF AIR QUALITY MANAGEMENT

FORM APC-1

(Please Type or Print)

GENERAL INFORMATION

Permit Application

1. Business license name of corporation, company, individual owner, or governmental agency under which application is submitted: _____

2. Mailing address:

Street

City, State, Zip

3. Address at which source is to be operated:

Street

City, State, Zip

4. Type of organization: Corporation Individual Partnership Government Agency

5. Brief description of the operation at this address: _____

6. Present status of air contaminant source (check and complete applicable items):

a. Air contaminant sources have not been altered (check here for permit renewal)

b. Permit to operate requested

c. Permit to construct requested

Estimated starting date: _____ Estimated completion date: _____

Please note that construction permit applications must be submitted no less than 90 days prior to the start of construction, installation, or fabrication of applicable facilities (KCAQM Regulation 25.0, Permits).

7. Sensitive receptors which are located less than the indicated distance:

Receptor type

Distance (ft.)

Name/address of receptor

Daycare <250 ft.

School <250 ft.

Nursing home <100ft.

Hospital <100ft.

Residence <75 ft.

Business <50 ft.

Attach additional pages as needed.

8. Signature of responsible member of firm: _____

Please type or print name and official title of person signing application: _____

Telephone (business): _____ Cell phone: _____ Fax: _____

FAX: _____ email: _____ Date of application: ____/____/____