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| 1. **Site Information:**
 |
| Organization’s Legal Name | **Air Quality****Use Only** |
| Site Name (if different from legal name) |  |
| Street  | City, State, Zip |
| NAICS or SIC Code | Site Location (Latitude and Longitude) |
| 1. **Responsible Official Contact Information:**
 |
| Name | Telephone |
| Street | Fax  |
| City, State, Zip | Email  |
| 1. **Technical/Source Contact Information:**
 |
| Name | Telephone |
| Street | Fax  |
| City, State, Zip | Email  |
| 1. **Type of permit action requested:**
 |
| [ ]  Initial Application to Operate[ ]  Permit Renewal to Operate | [ ]  Administrative Permit Amendment [ ]  Minor Permit Modification | [ ]  Significant Permit Modification[ ]  Construction Permit  |
| 1. **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?  | [ ]  Yes [ ]  No |
| If the answer is Yes above, are you in compliance with Knox County Air Quality Management Regulations Section 35.4? | [ ]  Yes [ ]  No [ ]  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:** |