DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF AIR POLLUTION CONTROL
William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 15th Floor, Nashville, TN 37243
Telephone: (615) 532-0554, Email: Air.Pollution.Control@TN.gov

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 (in lat. /long.)	Latitude	Longitude

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 ☐

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

TYPE OF PERMIT REQUESTED (check appropriate box)

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

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

New Construction ☐	Starting date	Completion date
Modification ☐	Date modification started or will start	Date completed or will complete
Location Transfer ☐	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**