

**AIR USE PERMIT APPLICATION**

For authority to install, construct, reconstruct, relocate, modify, or alter process, fuel-burning or refuse burning equipment and/or control equipment (permits to install are required by administrative rules pursuant to section 5505 of act 451, p.a. 1994 as amended).

FOR DEQ USE ONLY
APPLICATION NUMBER

Please type or print clearly. For further instructions, see the reverse side of this form or contact the Air Quality Division at 517-373-7023.

1. APPLICANT NAME: (Business License Name of Corporation, Partnership, Individual Owner, Government Agency)												
2. APPLICANT ADDRESS: (Number and Street)												
CITY: (City or Village)	STATE:	ZIP CODE:										
3. EQUIPMENT OR PROCESS LOCATION: (Number and Street) (If different than item 2)		COUNTY:										
CITY: (City or Village)		ZIP CODE:										
4. GENERAL NATURE OF BUSINESS:												
5. EQUIPMENT OR PROCESS DESCRIPTION: A Description MUST Be Provided Here. (Attach additional sheets, if necessary. Include Source Classification Codes [SCC].)												
6. FACILITY CODES:												
STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE:	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					STATE REGISTRATION (EMISSION INVENTORY) NO.: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
7. ACTION AND TIMING: (Enter dates for those which apply)	ESTIMATED STARTING DATE	ESTIMATED COMPLETION DATE										
INSTALLATION, CONSTRUCTION, RECONSTRUCTION OR ALTERATION:												
RELOCATION:												
CHANGE OF OWNERSHIP:												
8. NAME OF PRIOR OWNER, IF ANY:		PRIOR AIR USE PERMIT NUMBER, IF ANY:										
9. AUTHORIZED FIRM MEMBER CERTIFICATION:												
PRINTED OR TYPED NAME:	TITLE:	PHONE NUMBER: (Include Area Code)										
SIGNATURE:		DATE:										
10. CONTACT PERSON NAME: (If different than name in item 9)		PHONE NUMBER: (Include Area Code)										
11. DISPOSITION OF APPLICATION: FOR DEQ USE ONLY. DO NOT WRITE BELOW												
DATE OF RECEIPT OF ALL INFORMATION REQUIRED BY RULE 203:												
DATE PERMIT TO INSTALL APPROVED:*	SIGNATURE:											
DATE APPLICATION / PERMIT VOIDED:	SIGNATURE:											
DATE APPLICATION / PERMIT DENIED:	SIGNATURE:											
*SUBJECT TO COMPLIANCE WITH ALL DEPARTMENT RULES AND THE CONDITIONS STIPULATED IN THE ATTACHED SUPPLEMENT.												