

**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. Instructions are available on the Internet at <http://www.deq.state.mi.us/aqd/>, or call 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: <b>A Description MUST Be Provided Here.</b> (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><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><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)															
<b>11. DISPOSITION OF APPLICATION: FOR DEQ USE ONLY. DO NOT WRITE BELOW</b>																	
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:																
<b>*SUBJECT TO COMPLIANCE WITH ALL DEPARTMENT RULES AND THE CONDITIONS STIPULATED IN THE ATTACHED SUPPLEMENT.</b>																	