

**Major Source Operating Permit Application**  
**Facility Identification**

**Form 70-01**

|    |   |   |  |                |
|----|---|---|--|----------------|
| 1  | Facility Name   |   | For<br>APCB<br>use<br>only   | Company<br>No. |
|    | Owner's Name if different from the facility name:   |   |  |                |
|    | Mailing Address:  |   |  |                |
|    | City, State, Zip Code   |   |  |                |
| 2  | Facility Location (St/Rd/Hwy)   |   |  |                |
|    | County Name   | Hamilton  |  |                |
|    | City, State, Zip Code   |   |  |                |
|    | Telephone # (including area code)   |   |  |                |
| 3  | Facility's Primary Activity and all Applicable SIC Codes:   |   |  |                |
| 4  | Contact Person for this Facility  |   |  |                |
|    | Title   |   |  |                |
|    | Telephone # (including area code)   |   |  |                |
| 5  | If Facility is located in an area designated as "Nonattainment", indicate the pollutant(s) for the designation.   | Not Applicable  |  |                |
| 6  | List all air pollution permits issued to the sources contained in this application [identify all permits with most recent permit numbers and emission source reference numbers listed on the permit(s)] |   |  |                |
| 7  | Permit Requested for:   | <input type="checkbox"/> Initial Application to Operate<br><input type="checkbox"/> Modification<br><input type="checkbox"/> Revision (Administrative Amendments) | <input type="checkbox"/> Relocation to operate<br><input type="checkbox"/> Permit renewal to operate |                |
| 8  | Owner's registered agent's name   |   |  |                |
|    | Registered agent's address for service of process   |   |  |                |
|    | Telephone # (including area code)   |   |  |                |
| 9  | Is this facility subject to the provisions governing prevention of accidental releases of Hazardous air contaminants contained in Section 112(r)(7) of the Clean Air Act?                               |   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
|    | If yes, are you in compliance with the provisions of Section 112(r)(7) of the Clean Air Act?  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |
| 10 | Page Number   | Revision Number   | Date of Revision   |                |

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