

Major Source Operating Permit Application
Facility Identification

Form 70-01

1	Facility Name		For APCB use only	Company 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 <input type="checkbox"/> Modification <input type="checkbox"/> Revision (Administrative Amendments)	<input type="checkbox"/> Relocation to operate <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	