

STATE OF ILLINOIS **ENVIRONMENTAL PROTECTION AGENCY** DIVISION OF AIR POLLUTION CONTROL PERMIT SECTION P. O. BOX 19506

This Agency is authorized to require and you must disclose this information under 415 ILCS 5/39. Failure to do so could result in the application being denied and penalties under 415 ILCS 5 et seq. It is not necessary to use this form in providing this information. This form has been approved by the forms management center.

SPRINGFIELD, ILLINOIS 62794-9506

APPLICATION FOR PERMIT (A)					FOR AGENCY USE ONLY				
CONSTRUCT OPERATE						I.D. N	IO		
	_					PERI	MIT NO.		
	ME OF EQUIPMENT TO BE				(D)				
COI					(B)	DATE			
NO	TE: THIS APPLICATION FORM IS ONL			JIRED	O TO OBTAIN A	A FESC	OP OR CAAPP PERMIT	PURSUANT SECTION	
1a.	39.5 OF THE ILLINOIS ENVIRONM NAME OF OWNER:	TENTAL PRO	TECTION ACT.	2a.	. NAME OF O	PERAT	ΓOR:		
1b.	1b. STREET ADDRESS OF OWNER:			2b.	2b. STREET ADDRESS OF OPERATOR:				
4-				10-					
1C.	1c. CITY OF OWNER:			2c.	2c. CITY OF OPERATOR:				
1d.	STATE OF OWNER:	1e. ZIP COD	DE:	2d.	. STATE OF C	PERA	TOR: 2	e. ZIP CODE:	
3a.	NAME OF CORPORATE DIVISION OF	₹ PLANT:		3b.	. STREET AD	DRESS	S OF EMISSION SOUR	CE:	
3c.			ED WITHIN CITY	3e.	. TOWNSHIP:		3f. COUNTY:	3g. ZIP CODE:	
			<u> </u>						
4.	ALL CORRESPONDENCE TO: (TITLE /	AND/OR NAME	OF INDIVIDUAL)	5.	YOUR DESI	GNATI	ON FOR THIS APPLICA	ATION: (C)	
6.	ADDRESS FOR CORRESPONDENCE OWNER OPERATOR DE	: (CHECK ON EMISSION SO	•	7.	WHO IS THE OWNER		MIT APPLICANT? OPERATOR		
8.	THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A PERMIT AND CERTIFIES THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT, AND FURTHER CERTIFIES THAT ALL PREVIOUSLY SUBMITTED INFORMATION REFERENCED IN THIS APPLICATION REMAINS TRUE, CORRECT AND CURRENT. BY AFFIXING HIS/HER SIGNATURE HERETO THE UNDERSIGNED FURTHER CERTIFIES THAT HE/SHE IS AUTHORIZED TO EXECUTE THIS APPLICATION.								
	AUTHORIZED SIGNATURE(S): (D)								
	BYSIGNATURE								
	SIGNATURE		DATE B'		IGNATURE			DATE	
	TYPED OR PRINTED NAME OF SI	IGNER		SI		NTED N	NAME OF SIGNER	DATE	
		IGNER		SI TY			NAME OF SIGNER	DATE	
(A)	TYPED OR PRINTED NAME OF SI	INOIS EPA WI	DATE	SI T\ TI IFORI	YPED OR PRINITLE OF SIGNE	ER JT THE	E EQUIPMENT TO BE (CONSTRUCTED OR	
, ,	TYPED OR PRINTED NAME OF SI TITLE OF SIGNER THIS FORM IS TO PROVIDE THE ILLI OPERATED. THIS FORM MAY BE US	INOIS EPA WI BED TO REQU PERMIT. E EQUIPMENT	DATE ITH GENERAL IN JEST A CONSTR	SI TY TI IFORI UCTI	YPED OR PRIN ITLE OF SIGNE MATION ABOL ON PERMIT, A	ER JT THE AN OPE	E EQUIPMENT TO BE (ERATING PERMIT, OR THIS NAME WILL API	CONSTRUCTED OR A JOINT PEAR ON THE PERMIT	
(B)	TYPED OR PRINTED NAME OF SITUATION OF SIGNER THIS FORM IS TO PROVIDE THE ILLI OPERATED. THIS FORM MAY BE US CONSTRUCTION AND OPERATING PRINTED OF THE WHICH MAY BE ISSUED PURSUANT	INOIS EPA WI SED TO REQU PERMIT. E EQUIPMENT TO THIS APF 5 ABOVE WHII VILL BE REFE	DATE ITH GENERAL IN JEST A CONSTR T TO BE CONSTR PLICATION. THIS CH YOU WOULD ERENCED IN COI	SI TY TI IFORI UCTI RUCT S FOR	YPED OR PRIN ITLE OF SIGNE MATION ABOU ON PERMIT, A TED OR OPERA RM MUST BE A THE ILLINOIS BPONDENCE F	ER JT THE AN OPE ACCOM S EPA TROM	E EQUIPMENT TO BE (ERATING PERMIT, OR THIS NAME WILL API IPANIED BY OTHER A TO USE FOR IDENTIFI THIS AGENCY RELATI	CONSTRUCTED OR A JOINT PEAR ON THE PERMIT PPLICABLE FORMS AND CATION OF YOUR	
(B)	TYPED OR PRINTED NAME OF SITUATION OF SIGNER THIS FORM IS TO PROVIDE THE ILLI OPERATED. THIS FORM MAY BE US CONSTRUCTION AND OPERATING PENTER THE GENERIC NAME OF THE WHICH MAY BE ISSUED PURSUANT INFORMATION. PROVIDE A DESIGNATION IN ITEM 5 EQUIPMENT. YOUR DESIGNATION W	INOIS EPA WISED TO REQUESTED TO REQUESTED TO THIS APPOSED TO THE REFERIT OF THE R	DATE ITH GENERAL IN JEST A CONSTR T TO BE CONSTR PLICATION. THIS CH YOU WOULD ERENCED IN COI EXCEED TEN (10 DANCE WITH 35 HALL BE SIGNEI	SI TY TI IFORI UCTI RUCT S FOR LIKE RRES O) CHA ILL. A D BY	YPED OR PRIN ITLE OF SIGNE MATION ABOU ON PERMIT, A TED OR OPER, RM MUST BE A E THE ILLINOIS BPONDENCE F ARACTERS. (CA ADM. CODE 20 THE OWNER A	ER JT THE ATED. ACCOM S EPA TROM OPTION 11.154 (AND O	E EQUIPMENT TO BE (ERATING PERMIT, OR THIS NAME WILL API IPANIED BY OTHER A TO USE FOR IDENTIFI THIS AGENCY RELATI NAL) OR 201.159 WHICH ST PERATOR OF THE EM	CONSTRUCTED OR A JOINT PEAR ON THE PERMIT PPLICABLE FORMS AND CATION OF YOUR VE TO THIS FATES: "ALL IISSION SOURCE OR	

BILLING INFORMATION	10. CONTACT PERSON FOR APPLICATION:						
9a. COMPANY NAME:	11. CONTACT PERSON'S TELEPHONE NUMBER:	11. CONTACT PERSON'S TELEPHONE NUMBER:					
9b. STREET ADDRESS:	12. CONTACT PERSON'S FACSIMILE NUMBER:	12. CONTACT PERSON'S FACSIMILE NUMBER:					
9c. CITY:	13. FEDERAL EMPLOYER IDENTIFICATION NUMBER	13. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):					
9d. STATE: 9f. BILLING CONTACT PERS	14. PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CATEGORY:						
9e. ZIP CODE: 9g. CONTACT TELEPHONE N	15. PRIMARY SIC NUMBER: 16. TAXPAYER IDENT	IFICATION NUMBER (TIN):					
17. DOES THIS APPLICATION CONTAIN FORM 19	EE, "CONSTRUCTION PERMIT APPLICATION FEE DETERMI	NATION?"					
18. DOES THE APPLICATION CONTAIN A PLOT P YES NO IF THE PLOT PLAN/MAP HAS PREVIOUSLY BE I. D. NO.: IS THE APPROXIMATE SIZE OF APPLICANT'S	8. DOES THE APPLICATION CONTAIN A PLOT PLAN/MAP? YES NO IF THE PLOT PLAN/MAP HAS PREVIOUSLY BEEN SUBMITTED, SPECIFY: I. D. NO.: APPLICATION NUMBER IS THE APPROXIMATE SIZE OF APPLICANT'S PREMISES LESS THAN 1 ACRE?						
19. DOES THE APPLICATION CONTAIN A PROCE PRACTICE? YES NO	FLOW DIAGRAM(S) THAT ACCURATELY AND CLEARLY REF	PRESENTS CURRENT					
	20. IS THE EMISSION UNIT COVERED BY THIS APPLICATION ALREADY CONSTRUCTED? IF "YES". PROVIDE THE DATE CONSTRUCTION WAS COMPLETED:						
21. IF THIS APPLICATION INCORPORATES BY REFERENCE A PREVIOUSLY GRANTED PERMIT(S), HAS FORM APC-210, "DATA AND INFORMATION-INCORPORATION BY REFERENCE" BEEN SUBMITTED? YES NO							
EXCESS OF APPLICABLE STANDARD YES NO IF "YES", HAS FORM APC-203, "OPER YES NO 23. DOES THIS APPLICATION REQUEST BREAKDOWNS? YES NO	IF "YES", HAS FORM APC-203, "OPERATION DURING STARTUP" BEEN COMPLETED FOR THIS UNIT? YES NO 23. DOES THIS APPLICATION REQUEST PERMISSION TO OPERATE AN EMISSION UNIT DURING MALFUNCTIONS OR BREAKDOWNS? YES NO IF "YES", HAS FORM APC-204, "OPERATION DURING MALFUNCTION AND BREAKDOWN" BEEN COMPLETED FOR THIS UNIT?						
	S APPLICATION SUBJECT TO A FUTURE COMPLIANCE DAT	PLICATION SUBJECT TO A FUTURE COMPLIANCE DATE?					
YES NO	YES NO IF "YES", HAS FORM APC-202, "COMPLIANCE PROGRAM & PROJECT COMPLETION SCHEDULE" BEEN COMPLETED FOR THIS UNIT?						
VOIT 25. DOES THE SOURCE COVERED BY THE SPISODE ACTION PLANS)? YES NO YES NO							
26. LIST AND IDENTIFY ALL FORMS, EXHIBITS, A PAGE NUMBERS OF EACH ITEM (ATTACH AD	OTHER INFORMATION SUBMITTED AS PART OF THIS APPLIONAL SHEETS IF NECESSARY):	LICATION. INCLUDE THE					
	TOTAL NE	IMPER OF RACES					
	I OTAL N	JMBER OF PAGES					