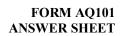




ADMINISTRATIVE INFORMATION	ANSWER SHEET
FOR LRAP	A USE ONLY
Permit Number:	Type of Application:
Application No:	RNW MOD NEW
Date Received:	
	Check No. Amount \$
1. Source Number:	
2. Company	3. Facility Location
Legal Name:	Name:
Mailing Address:	Street Address:
City, State, Zip Code:	City, County, Zip Code:
Number of employees (corporate):	Number of employees (facility):
4. Industrial Classification Code(s)	5. Other LRAPA Permits
Primary SIC	7
and NAICS:	
Secondary SIC	
and NAICS:	
6. Permit Action*: Short Term Activity ACDP New Simple ACDP with short-term NAAQS ana New Construction ACDP with short-term NAAQS are New Standard ACDP with short-term NAAQS are New or modified Standard ACDP (PSD/NSR) wire Renewal of an existing permit (include forms AQD necessary forms) Modification of existing permit (may require short-term)	os analysis halysis th short-term NAAQS analysis 1402, AQ403, an updated list of equipment, and any other
*Applicable fees will be assessed after LRAPA receive questions.	ves the application. Please contact LRAPA for fee
7. Signature I hereby apply for permission to discharge air contamin this application, and certify that the information contain appended hereto, are true and correct to the best of my	ned in this application and the schedules and exhibits
Name of official (Printed or Typed)	Title of official and phone number
Signature of official	Date





ADMINISTRATIVE INFORMATION

3. Company Information:		
Legal Name:	Other company name (if different than legal name):	
. Site Contact Person: (A person who	deals with LRAPA staff about equipment related problems or issues.)	
Name:	Telephone number:	
Title:	E-mail address:	
Mailing address	City, State, Zip Code	
0. Facility Contact Person: (A person a different site.)	n involved with all environmental issues at the facility although they may be housed at	
Name:	Telephone number:	
Title:	E-mail address:	
Mailing address	City, State, Zip Code	
1. Mailing Contact Person: (A perso	on for which the company would like all agency communications directed.)	
Name:	Telephone number:	
Title:	E-mail address:	
Mailing address	City, State, Zip Code	
2. Invoice Contact Person: (If other to resolving invoice questions can be dire	han the site contact person, a contact to which invoices and communications related to	
Name:	Telephone number:	
Title:	E-mail address:	
Mailing address	City, State, Zip Code	



SUBMIT ONE COPY OF THE COMPLETED APPLICATION TO:

Lane Regional Air Protection Agency 1010 Main Street Springfield, OR 97477 (541) 736-1056 permitting@lrapa-or.gov