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LRAPA
Lane Regional Air Protection Agency

APPLICATION FOR: **AQB-018**
BASIC AIR CONTAMINANT DISCHARGE PERMIT **SURFACE COATING OPERATIONS**

LRAPA Use Only		
Application No.:	Check No.:	**Source Number:**
Renewal	Amount:	
New	Date Received:	

Company	**Facility Location** (if other than legal name/address)
Legal Name: Ownership type:	Name: Plant start date:
Mailing Address:	Street Address:
City, State, Zip Code:	City, County, Zip Code:
Number of employees: (corporate)	Number of employees: (plant site)
*Standard Industrial Class. Code:	*North Amer. Industry Class. System No.:

*Industrial classifications can be found on the Internet or at your local library.

Site Contact Person	**Invoice Contact Person:** (if not plant contact**)**
Name:	Name/Title:
Title:	Address:
Telephone number:	Telephone number:
Fax. number:	Fax number:
e-mail address:	e-mail address:

1. Number of gallons of VOC* containing coatings used per month: _____
   *Volatile Organic Compound
2. Has the facility received any air quality/nuisance complaints within the last calendar year? Yes ☐ No ☐. If yes, please explain.
3. Does the facility have paint booths with filters? Yes ☐ No ☐
   If yes, how many? _____
4. Do you apply surface coatings outdoors? Yes ☐ No ☐

5. Surface Coating Operations:

Note: Consult manufacturer or material safety data sheet for required information to calculate emissions.

Paint Type	**Projected Annual Quantity (gallons)**	**VOC Content (lb/gal.)**	**HAP Content (lb/gal)**	**Annual Emissions (tons/yr.)**

6. The attached Land Use Compatibility Statement must be submitted with applications for new permits.

7. Signature

I hereby certify that the information contained in this application are true and correct to the best of my knowledge.	
Name of official (Printed or Typed):	Title of official and phone number:
Signature of official:	Date:

SUBMIT THE COMPLETED APPLICATION TO:

permitting@lrapa-or.gov

Call (541) 736-1056 with any questions.