

# KNOX COUNTY DEPARTMENT OF AIR QUALITY MANAGEMENT

## FORM APC-1

(Please Type or Print)

## GENERAL INFORMATION

Permit Application

1. Business license name of corporation, company, individual owner, or governmental agency under which application is submitted:

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2. Mailing address:

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Street City, State, Zip

3. Address at which source is to be operated:

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Street City, State, Zip

4. Type of organization:  Corporation  Individual  Partnership  Government Agency

5. Brief description of the operation at this address:

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6. Cost of air pollution control equipment: \_\_\_\_\_

7. Present status of air contaminant source (check and complete applicable items):

a.  Air contaminant sources have not been altered

b.  Permit to operate requested

c.  Permit to construct requested

Estimated starting date: \_\_\_\_\_ Estimated completion date: \_\_\_\_\_

Please note that ninety (90) days for Departmental review of any construction permit application must be provided for prior to the start of construction, installation, or fabrication of applicable facilities (KCAQM Regulation 25.0, Permits).

8. Signature of responsible member of firm: \_\_\_\_\_

Please type or print name and official title of person signing application:

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Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ Date of application: \_\_\_\_\_