



City of Cleveland  
Frank G. Jackson, Mayor

**City of Cleveland  
Air Contaminant Source  
Permit Application**

**Cleveland Division of Air Quality**  
75 Erieview Plaza, 2<sup>nd</sup> Floor  
Cleveland, OH 44114-1839

**Facility Information**

Facility Name

Facility Address

Ward #

City

State

Zip Code

Area Code - Telephone

Facility ID Number (ten-digit premise number)

**Contact Information**

Name of Responsible Official

Mailing Address

City

State

Zip Code

Area Code - Telephone

Email Address

**Source Information**

Description of Source (each air contaminant source at the facility requires a permit)

Emissions Unit ID (four digit code assigned by CDAQ consisting of a letter followed by three digits)

Enter the requested information for each air contaminant source based on the appropriate source type.

Source Type	Information Needed		Units
Fuel Burning Equipment (e.g., boilers, heaters, emergency generators)	Max. heat input capacity		Million BTU per hour (MM BTU/HR)
Incinerators/Crematories	Primary furnace volume		Cubic feet (f <sup>3</sup> )
Process Equipment	Process weight rate		Pounds per hour (lb/hr)
	Exhaust air ventilation		Cubic feet per minute (CFM)
Process and Fuel-Burning Equipment	Max. heat input capacity		Million BTU per hour (MM BTU/HR)
	Exhaust air ventilation		Cubic feet per minute (CFM)
Other Air Contaminant Source	Detailed description of source		

By signing this form, I affirm, based on information and belief formed after reasonable inquiry, that all factual statements in this application are true and complete to the best of my knowledge, and that all judgments and estimates provided in this report have been made in good faith. I further affirm that the air contaminant source(s) listed hereon comprise a complete listing of all air contaminant sources at this facility. I understand that the data provided in this document is used by the City of Cleveland to calculate a fee, which my facility is required to pay under Chapter 263 of the City of Cleveland Health Code.

Signature of Responsible Official

Date