

For Office Use Only	
Description	_____
Control No.	_____
Fee	_____
C-PTI	_____
S-PTI	_____
C-PTO	_____
S-PTO	_____
Date Received	_____

City of Cleveland
Division of Air Quality
 1925 St. Clair Avenue
 Cleveland, OH 44114
 (216) 420-8047 fax / (216) 664-2457 office

CITY OF CLEVELAND - PERMIT APPLICATION

Thoroughly complete and sign this application in ink for each source. The Appendix and other information contained in the Ohio EPA application for this source will be incorporated into this City of Cleveland application. Additional information may be requested.

Facility Name (where the source is or will be located)			Person to Contact (for the Facility)		
Facility Address		Ward #	Mailing Address (for the Facility)		
City	State	Zip Code	City	State	Zip Code
Area Code	Telephone Number		Area Code	Telephone Number	

1. Description of Source: _____

2. Identification for Source: _____
3. Is this permit application for the control equipment only? Yes No
Describe: _____
4. Ohio EPA permit you requested for the source: (check one)
 Permit to Install or Modify Permit to Operate Variance to Operate
5. Name the Appendix you attached to the Ohio EPA application for this Source: (refer to the attached list of Appendix letters and descriptions) _____
6. Date you submitted this Ohio EPA application: _____
7. Your Ohio EPA application number, if assigned: _____
8. I am the individual specified in Chapters 257 and 259 of the Air Pollution Code of the City of Cleveland.
I hereby apply for a (check one)
 _____ Permit to Install (PTI) or Modify (complete Number 9 on following page)
 _____ Permit to Operate (PTO)
 _____ Variance to Operate

for the air contaminant source described herein. An Ohio EPA application for the same source has been or is currently being filed with the City of Cleveland Division of Air Quality. The Appendix and all other information submitted therewith for an Ohio EPA permit is hereby incorporated into this application for a City of Cleveland permit. I affirm that the statements as transmitted in this application for the purpose(s) indicated above, are true, accurate and complete to the best of my knowledge.

AUTHORIZED PERSON'S NAME (PLEASE PRINT)

TITLE

AUTHORIZED PERSON'S SIGNATURE

DATE

9. Complete the following for Permit to Install (PTI) or Modify requests.

Installer's Company Name _____

Installer's Company Address _____
STREET

_____ **CITY** **STATE** **ZIP CODE**

The installation or modification of the above source will follow the time schedule described below to the best of his ability:

Date (Month/Day/Year)

1. Equipment Ordered _____

2. Installation Begun _____

3. Installation Completed _____

I have reviewed all information; I affirm that the statements as transmitted in this application for the purpose(s) indicated above, are true, accurate and complete to the best of my knowledge.

INSTALLER'S NAME (PLEASE PRINT)

INSTALLER'S SIGNATURE

DATE

CONTRACTOR REGISTRATION NUMBER

All information obtained from this application shall be available for public inspection, except as provided in Cleveland Codified Ordinance 255.05. The burden of asserting and showing a right to trade secret protection prior to release is upon the applicant.