City of Cleveland
Air Contaminant Source Permit Application

Facility Information

Facility Name

Facility Address
Ward #

City State Zip Code

Area Code Telephone

Facility ID Number (assigned by CDAQ 13-18-00-####)

Contact Information

Person to Contact (for the facility)

Mailing Address (for the facility)

City State Zip Code

Area Code Telephone

Area Code Fax

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.

<table>
<thead>
<tr>
<th>Source Type</th>
<th>Information Needed</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fuel Burning Equipment (e.g., boilers, heaters, emergency generators)</td>
<td>Heat input capacity</td>
<td>Million BTU per hour (MM BTU/HR)</td>
</tr>
<tr>
<td>Incinerators/Crematories</td>
<td>Primary furnace volume</td>
<td>Cubic feet (ft³)</td>
</tr>
<tr>
<td>Process Equipment</td>
<td>Process weight rate</td>
<td>Pounds per hour (lb/hr)</td>
</tr>
<tr>
<td></td>
<td>Exhaust air ventilation</td>
<td>Cubic feet per minute (CFM)</td>
</tr>
<tr>
<td>Process and Fuel-Burning Equipment</td>
<td>Heat input capacity</td>
<td>Million BTU per hour (MM BTU/HR)</td>
</tr>
<tr>
<td></td>
<td>Exhaust air ventilation</td>
<td>Cubic feet per minute (CFM)</td>
</tr>
<tr>
<td>Other Air Contaminant Source</td>
<td>Detailed description of source</td>
<td></td>
</tr>
</tbody>
</table>

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 ___________________________