



STATE OF ILLINOIS  
 ENVIRONMENTAL PROTECTION AGENCY  
 DIVISION OF AIR POLLUTION CONTROL  
 P. O. BOX 19506  
 SPRINGFIELD, ILLINOIS 62794-9506

This Agency is authorized to require and you must disclose this information under 415 ILCS 5/39. Failure to do so could result in the application being denied and penalties under 415 ILCS 5 et seq. It is not necessary to use this form in providing this information. This form has been approved by the forms management center.

APPLICATION FOR RENEWAL OF AN OPERATING PERMIT TO OBTAIN A LIFETIME PERMIT	<b>FOR AGENCY USE ONLY</b>  I.D. NO. _____  PERMIT NO. _____  DATE _____
OPERATION OF: _____ (A) (SAME AS 9c ON PAGE 2)	

1a. NAME OF OWNER:		2a. NAME OF OPERATOR:	
1b. STREET ADDRESS OF OWNER:		2b. STREET ADDRESS OF OPERATOR:	
1c. CITY OF OWNER:		2c. CITY OF OPERATOR:	
1d. STATE OF OWNER:	1e. ZIP CODE:	2d. STATE OF OPERATOR:	2e. ZIP CODE:

3a. NAME OF CORPORATE DIVISION OR PLANT:		3b. STREET ADDRESS OF EMISSION SOURCE:		
3c. CITY OF EMISSION SOURCE:	3d. LOCATED WITHIN CITY LIMITS: <input type="checkbox"/> YES <input type="checkbox"/> NO	3e. TOWNSHIP:	3f. COUNTY:	3g. ZIP CODE:

4. ALL CORRESPONDENCE TO: (TITLE AND/OR NAME OR INDIVIDUAL)	5. YOUR DESIGNATION FOR THIS APPLICATION: (B)
6. ADDRESS FOR CORRESPONDENCE: (CHECK ONLY ONE) <input type="checkbox"/> OWNER <input type="checkbox"/> OPERATOR <input type="checkbox"/> EMISSION SOURCE	7. WHO IS THE PERMIT APPLICANT? <input type="checkbox"/> OWNER <input type="checkbox"/> OPERATOR

8. THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A PERMIT AND CERTIFIES THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT, AND FURTHER CERTIFIES THAT ALL PREVIOUSLY SUBMITTED INFORMATION REFERENCED IN THIS APPLICATION REMAINS TRUE, CORRECT AND CURRENT. BY AFFIXING HIS SIGNATURE HERETO HE FURTHER CERTIFIES THAT HE IS AUTHORIZED TO EXECUTE THIS APPLICATION.

AUTHORIZED SIGNATURE(S): (C)

BY _____ SIGNATURE _____ DATE _____ _____ TYPED OR PRINTED NAME OF SIGNER _____ TITLE OF SIGNER	BY _____ SIGNATURE _____ DATE _____ _____ TYPED OR PRINTED NAME OF SIGNER _____ TITLE OF SIGNER
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(A) THIS FORM IS TO PROVIDE THE AGENCY WITH GENERAL INFORMATION ABOUT THE EQUIPMENT TO BE OPERATED.

(B) PROVIDE A DESIGNATION IN ITEM 7 ABOVE WHICH YOU WOULD LIKE THE AGENCY TO USE FOR IDENTIFICATION OF YOUR EQUIPMENT. YOUR DESIGNATION WILL BE REFERENCED IN CORRESPONDENCE FROM THIS AGENCY RELATIVE TO THIS APPLICATION. YOUR DESIGNATION MUST NOT EXCEED TEN (10) CHARACTERS.

(C) THIS APPLICATION MUST BE SIGNED IN ACCORDANCE WITH 35 ILL. ADM. CODE 201.154 OR 201.159 WHICH STATES: "ALL APPLICATIONS AND SUPPLEMENTS THERETO SHALL BE SIGNED BY THE OWNER AND OPERATOR OF THE EMISSION SOURCE OR AIR POLLUTION CONTROL EQUIPMENT, OR THEIR AUTHORIZED AGENT, AND SHALL BE ACCOMPANIED BY EVIDENCE OF AUTHORITY TO SIGN THE APPLICATION."

IF THE OWNER OR OPERATOR IS A CORPORATION, SUCH CORPORATION MUST HAVE ON FILE WITH THE AGENCY A CERTIFIED COPY OF A RESOLUTION OF THE CORPORATION'S BOARD OF DIRECTORS AUTHORIZING THE PERSONS SIGNING THIS APPLICATION TO CAUSE OR ALLOW THE CONSTRUCTION OR OPERATION OF THE EQUIPMENT TO BE COVERED BY THE PERMIT.

(D) ALL CURRENT OPERATING PERMITS WILL BE INCORPORATED INTO THE EXPIRING PERMIT UNLESS ANOTHER OPERATING PERMIT NUMBER IS SPECIFIED IN ITEM 9(a).

<u>SITE FEE BILLING INFORMATION</u>		10. CONTACT PERSON FOR APPLICATION:	
9a. COMPANY NAME:		11. CONTACT PERSON'S TELEPHONE NUMBER:	
9b. STREET ADDRESS:		12. CONTACT PERSON'S FACSIMILE NUMBER:	
9c. CITY:		13. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):	
9d. STATE:	9f. BILLING CONTACT PERSON:	14. PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CATEGORY:	
9e. ZIP CODE:	9g. CONTACT TELEPHONE NO.:	15. PRIMARY SIC NUMBER:	16. TAXPAYER IDENTIFICATION NUMBER (TIN):

DATA AND INFORMATION INCORPORATED BY REFERENCE FOR CURRENT OPERATING PERMIT	
17a. APPLICATION NO.: _____	
17b. I. D. NO.: _____	
17c. OPERATION OF:	
17d. LOCATION:	
17e. PERMIT EXPIRATION DATE:	
17f. HAS THE OPERATION AS DESCRIBED IN THE REFERENCE OPERATING PERMIT BEEN MODIFIED* AS DEFINED IN RULE 101 OF THE PCB REGS., CHAPTER 2, PART 1? <input type="checkbox"/> YES <input type="checkbox"/> NO	
17g. IF "YES" SUBMIT THE APPLICABLE FORMS OR DESCRIBE IN DETAIL THE MODIFICATION OF THE OPERATION.	
17h. DATE THE OPERATION WAS MODIFIED:	

18a. IF THE OPERATION IS SUBJECT TO A RULE WHOSE EFFECTIVE DATE IS ON OR BEFORE THE DATE OF THIS APPLICATION, IS SUCH OPERATION IN <u>FULL</u> COMPLIANCE WITH ALL SUCH RULES? <input type="checkbox"/> YES <input type="checkbox"/> NO
18b. IF "NO", EXPLAIN:

19. IF YOUR OPERATING PERMIT APPLICATION CONTAINS COMPLIANCE PROGRAM(S), HAS THIS COMPLIANCE PROGRAM BEEN COMPLETED AND HAVE ALL THE PROJECT COMPLETION REPORTS (APC-271) BEEN SUBMITTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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20a. ARE YOU IN COMPLIANCE WITH ALL CONDITIONS OF ALL REFERENCE PERMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO
20b. IF "NO", EXPLAIN:

**\*MODIFICATION:** ANY PHYSICAL CHANGE IN, OR CHANGE IN THE METHOD OF OPERATION, OF AN EMISSION SOURCE OR OF AIR POLLUTION CONTROL EQUIPMENT WHICH INCREASES THE AMOUNT OF ANY SPECIFIED AIR CONTAMINANT EMITTED BY SUCH SOURCE OR EQUIPMENT OR WHICH RESULTS IN THE EMISSION OF ANY SPECIFIED AIR CONTAMINANT NOT PREVIOUSLY EMITTED. IT SHALL BE PRESUMED THAT AN INCREASE IN THE USE OF RAW MATERIALS, THE TIME OF OPERATION, OR THE RATE OF PRODUCTION WILL CHANGE THE AMOUNT OF ANY SPECIFIED AIR CONTAMINANT EMITTED. NOT WITHSTANDING ANY OTHER PROVISIONS OF THIS DEFINITION, FOR PURPOSES OF PERMITS ISSUED PURSUANT TO RULE 103, THE AGENCY MAY SPECIFY CONDITIONS UNDER WHICH AN EMISSION SOURCE OR AIR POLLUTION CONTROL EQUIPMENT MAY BE OPERATED WITHOUT CAUSING A MODIFICATION AS HEREIN DEFINED, AND NORMAL CYCLICAL VARIATIONS, BEFORE THE DATE OPERATING PERMITS ARE REQUIRED, SHALL NOT BE CONSIDERED MODIFICATIONS. PCB REGS., CHAPTER 2, PART 1, RULE 101.

**NOTE:** TO INCORPORATE OTHER CONSTRUCTION PERMITS BY REFERENCE, ATTACH A LISTING OF SUCH PERMITS USING THE FORMAT SET FORTH IN ITEM 9 OR APC-210, "DATA AND INFORMATION -- INCORPORATION BY REFERENCE".