



**Minnesota Pollution
Control Agency**

520 Lafayette Road North
St. Paul, MN 55155-4194

CAP-GI-01

Facility Information for Capped Permits
Air Quality Permit Program

Doc Type: Permit Application

Instructions on Page 3

1a) AQ Facility ID No.: _____ **1b)** AQ File No.: _____

2) Facility Name: _____

3) Facility Location

Street Address: _____

City: _____ County: _____ Zip code: _____

Note: If the facility is or will be located within the city limits of Minneapolis, attach a map showing the exact location.

Mailing Address: _____

City: _____ State: _____ Zip code: _____

4) Corporate/Company Owner

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Owner Classification: ☐ Private ☐ Local Govt. ☐ State Govt. ☐ Federal Govt. ☐ Utility

5) Corporate/Company Operator (if different than owner)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

6) Co-permittee (if applicable)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

7) Legally responsible official for this permit/facility

Mr/Ms: _____ Phone: _____

Title: _____ Fax: _____

At (check one): ☐ Owner Address ☐ Operator Address ☐ Emission Facility Address

☐ Other (specify): _____

8) Contact person for this permit

Mr/Ms: _____ Phone: _____

Title: _____ Fax: _____

At (check one): ☐ Owner Address ☐ Operator Address ☐ Emission Facility Address

☐ Other (specify): _____

E-mail address: _____

9) All billings for annual fees should be addressed to:

Mr/Ms: _____ Phone: _____

Title: _____ Fax: _____

At (check one): ☐ Owner Address ☐ Operator Address ☐ Emission Facility Address

☐ Other (specify) _____

10) Standard Industrial Classification (SIC) Code and description for the facility:

Primary: _____ / _____

Secondary (if applicable): _____ / _____

Tertiary (if applicable): _____ / _____

11) Primary product produced (or activity performed) at the facility is:

12) Facility is: ☐ Stationary ☐ Portable

13) Check the one that applies best to your facility:

☐ New facility planned or under construction (first permit application)

☐ Existing facility, currently operating under Air Emission Permit No. _____

☐ Existing facility, but have never had an Air Emission Permit issued by the MPCA

14) (Reserved for future use)

15) Is environmental review required (either an Environmental Assessment Worksheet (EAW) or an Environmental Impact Statement (EIS)) for this facility?.

☐ Yes ☐ No

Note: If you answered "Yes" to this question, you may also be required to perform an Air Emissions Risk Assessment (AERA). Please call 800-657-3864 or 651-296-6300.

16) Are you required to submit a Toxics Release Inventory (Form R) under SARA Title 313 for this facility? Call the Minnesota Emergency Planning and Community Right-to-Know Act (EPCRA) Program for more information (651-201-7400).

☐ Yes ☐ No

17) Is this facility within 50 miles of another state or the Canadian border:

☐ Yes (specify which ones) _____ ☐ No

18) Brief description of the facility or proposed facility to be permitted (attach additional sheet if necessary):

19) (Reserved for future use)

20) Person preparing this permit application:

Mr. / Ms. _____

Title: _____ E-mail address: _____

Phone: _____ Fax: _____ Date: _____

Instructions for Form CAP-GI-01

- 1a) AQ Facility ID No.** -- Fill in your Air Quality (AQ) Facility Identification (ID) Number (No.). This is the first eight digits of the permit number for all new permits issued under the current operating permit program. If your facility has never been issued a permit under this program, leave this line blank.
- 1b) AQ File No.** -- Fill in your AQ File Number. This is the first group of characters in your current Air Emission Facility Permit. For example, for permit number 1899AB-93-OT-1, the AQ Facility ID number would be 1899AB. If you have never had an air quality permit, leave this line blank.
- 2) Facility Name** -- Enter your facility name.
- 3) Facility Location** -- Fill in the facility's street address and the city and county where the facility is located. Also indicate the facility's mailing address. You may use a P.O. Box number for the mailing address, but not for the street address. If the facility is or will be located within the limits of the city of Minneapolis, include a map showing the exact location of the facility.
- 4) Corporate/Company Owner** -- Fill in the owner name and mailing address. The owner receives the air emission permit from the MPCA. The owner is the "Permittee". Check the one "owner classification box" that most closely describes your facility.
- 5) Corporate/Company Operator (if different from owner)** -- The operator runs the facility on a day-to-day basis. If a separate management company operates the facility, its name goes here. The operator is also a "Permittee". Fill in if applicable; if not, fill in "N/A".
- 6) Co-permittee (if applicable)** -- If the emission facility has more than one owner, for example a partnership, then the second owner's name and address go here. Another example is two facilities, owned separately, where one facility exists to support the other; both facilities are subject to one permit and the two owners are considered co-permittees.
- 7) Legally responsible official for this permit/facility** -- Fill in the name, title, phone number and fax number (if applicable) of the Legally Responsible Official. For the purpose of Form GI-01, the Legally Responsible Official must be a person meeting the criteria for signing the application (defined in Minn. R. 7007.0100, subp. 21), which is the person who performs policy or decision making functions for the company. (A delegate may be allowed in some cases. Please refer to the rule section listed above.)
- Indicate which address applies to this person by checking the appropriate box.
- 8) Contact-person for this permit** -- Fill in the name, title, phone number and fax number (if applicable) of the individual to whom the permit and other permitting correspondence should be sent. Indicate which address applies to this person by checking the appropriate box. Include the e-mail address at which the contact person can be reached.
- 9) All billings and annual fees should be addressed to** -- Fill in the name, title, phone number and fax number (if applicable) of the individual to whom the annual emissions inventory and emissions fee billing should be sent. Indicate which address applies to this person by checking the appropriate box.
- 10) Standard Industrial Classification (SIC) Code and description for the facility and North American Industry Classification System (NAICS) Code and description** -- Fill in the primary (and secondary and tertiary if applicable) 4-digit SIC code(s) for the facility. A single stationary source may have more than one SIC code. For example a facility makes and prints on cardboard boxes. The facility would have a primary SIC code of 2653. If the facility does some of its own printing on-site, it would have a secondary SIC code of 2751.
- Additional SIC information may also be obtained from libraries, accounting firms or from the National Technical Information Service, 5285 Port Royal Road, Springfield, Virginia 22161 (order number PB 87-1000012).
- Fill in the primary six digit NAICS Code and description for the facility. Additional information may be obtained at <http://www.naics.com/> or <http://www.census.gov/epcd/www/naics.html>.
- 11) Primary product produced (or activity performed) at the facility is** -- Indicate the primary product or activity of your business.
- 12) Facility is stationary or portable** -- Indicate whether the facility is a stationary or a portable source. A portable facility is one that operates and moves from site to site. An example of a portable facility would be an asphalt plant.
- 13) Facility Status** -- Place a check-mark in the box that most closely describes your facility's permitting status.
- 14) (reserved for future use)**
- 15) Is an environmental review required (either an Environmental Assessment Worksheet (EAW) or an Environmental Impact Statement (EIS))?** -- Environmental review is sometimes required prior to construction or modification of a facility. Check the MPCA's Environmental Review web page at http://www.pca.state.mn.us/programs/envr_p.html, or call the Minnesota Environmental Quality Board at 651-201-2476 for more information. Put a check in the appropriate box of the application form.

Note: If you answered "yes" to this question and if you emit any hazardous air pollutants, you may also be required to perform an Air Emissions Risk Assessment (AERA). Go to <http://www.pca.state.mn.us/air/aera.html> or call 800-657-3864 or 651-296-6300 for more information.

- 16) Are you required to submit a Toxics Release Inventory (Form R) under SARA Title 313?** -- Place a check in the appropriate box. With some exceptions, most facilities required to submit a TRI are also required to prepare a pollution prevention plan and submit periodic progress reports. Call the Minnesota Emergency Planning and Community Right-to-Know Act (EPCRA) Program of the Department of Public Safety at 651-201-7400, or go to their web site at http://www.hsem.state.mn.us/epcra/epcra_info/rtkact.asp if you have questions about this.
- 17) Are you within 50 miles of another state or the Canadian border?** -- Indicate if any states (other than Minnesota), or the country of Canada, are within 50 miles of the facility.
- 18) Brief description of the source or proposed source to be permitted** -- Describe the primary business activity of your facility and which processes emit pollutants to the air.
- 19) (reserved for future use)**
- 20) Person preparing this permit application** -- Fill in the name, title, phone number and fax number (if applicable), and e-mail address of the individual filling out this permit application. Include the date of application.