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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | MG-01  Part 70 Manufacturing General Permit  facility information  Air Quality Permit Program  *Doc Type: Permit Application* |

**Refer to the *Handbook and application instructions* for the Part 70 Manufacturing General Permit for form instructions.**

## Facility Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **a)** AQ Facility ID number: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | **b)** Agency Interest ID number: | | | | |  | | | | | |
| **c)** Facility name: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1)** **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: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | City: | | | | | | | |  | | | | | | | State: | |  | | | | | | Zip code: |  | | | |
| **2)** **Corporate/Company owner** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing address: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | City: | | | | | |  | | | | | | | | State: | |  | | | | | | Zip code: |  | | | |
| Owner Classification: | | | | | | | | | | | | | | | | | | | | | | Private  Local Govt.  State Govt.  Federal Govt.  Utility | | | | | | | | | | | | | | | | | |
| **3)** **Corporate/Company operator (if different than owner)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing address: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | City: | | | | | |  | | | | | | | State: | |  | | | | | | Zip code: |  | | | |
| **4)** **Co-permittee (if applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | City: | | | | | |  | | | | State: | |  | | | | | | Zip code: | |  | | |
| **5)** **Legally responsible official for this permit/facility** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mr/Ms: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: |  | | | | | | |
| Title: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Fax: |  | | | | | | |
| At (check one): | | | | | | | | | | | Owner Address  Operator Address  Emission Facility Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Other (specify): | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **6)** **Contact person for this permit** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mr/Ms: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: |  | | | | | | |
| Title: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fax: |  | | | | | | |
| At (check one): | | | | | | | | | | | | | | | Owner address  Operator address  Emission facility address | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Other (specify): | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | Email address: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **7)** **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): | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **8)** **Standard Industrial Classification (SIC) Code and description for the facility, and North American Industry Classification System (NAICS) code and description:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary: | | | | | | | | | | | | | | | | | | | |  | | | | | / |  | | | | | | | | | | | | | |
| Secondary (if applicable): | | | | | | | | | | | | | | | | | | | |  | | | | | / |  | | | | | | | | | | | | | |
| Tertiary (if applicable): | | | | | | | | | | | | | | | | | | | |  | | | | | / |  | | | | | | | | | | | | | |
| Primary NAICS code: | | | | | | | | | | | | | | | | | | | |  | | | | | / |  | | | | | | | | | | | | | |
| **9)** **Primary product produced (or activity performed) at the facility is:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10)** **Facility is:**  Stationary  Portable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **11)** **Check the one that applies best to your facility:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New facility planned or under construction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Existing facility, currently operating under Air Emission Permit No.: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Existing facility, but have never had an Air Emission Permit issued by the MPCA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **12)** **Is environmental review required (either an Environmental Assessment Worksheet [EAW] or an Environmental Impact Statement [EIS]) for this facility?** Call the Minnesota Environmental Quality Board (EQB) or more information at 651-201-2476. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No  Yes **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **13)** **Are you (or will you be, if this is a new facility) required to submit a Toxics Release Inventory (Form R) under SARA Title 313 for this facility?** Contact the Minnesota Emergency Planning and Community Right-to-Know Act (EPCRA) Program for more information at 651-201-7400. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No  Yes, but we are not required to prepare a pollution prevention plan under Minn. Stat. § 115D.07; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes, and we have been required to prepare a pollution prevention plan and have submitted the most recently required progress report to the Minnesota EPCRA Program under Minn. Stat. § 115D.08. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes, but a progress report has not been submitted because: (fill in reason below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **14)** **Is this facility within 50 miles of another state or the Canadian border?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes (specify which ones) | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | No | |
| **15)** **Brief description of the facility or proposed facility to be permitted** (attach additional sheet if necessary): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **16)** **Are you proposing any alternative operating or emissions trading scenarios in this application** (see Minn. R. 7007.0800, subp. 10 and 11)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No  Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, attach a description of your proposal, including a statement on how the proposal will meet all applicable requirements (in particular, please address federal New Source Review requirements, if applicable). See Form GI-09C. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**17)** **Person preparing this permit application:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mr./Ms. |  | | | | | |
| Title: |  | | | | | |
| Phone: |  | | Fax: |  | Date: |  |
| Email address: | |  | | | | |