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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | MG-01Part 70 Manufacturing General Permit facility informationAir 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

|  |  |  |  |
| --- | --- | --- | --- |
| **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: |       |
|  |       |
|  | City: |       | State: |       | Zip code: |       |
| **2)** **Corporate/Company owner** |
| Name: |       |
| Mailing address: |       |
|  |       |
|  | 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: |       |
|  |       |
|  | 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:** [x]  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)? |
| [x]  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: |       |