



AIR QUALITY BUREAU  
 ATTN: Application Log in  
 7900 Hickman Rd., Suite 1  
 Windsor Heights, IA 50324

|                             |              |
|-----------------------------|--------------|
| <b>DNR<br/>USE<br/>ONLY</b> | <b>CP-AP</b> |
|                             | Project No:  |
|                             | Plant No:    |
|                             | Doc Date:    |

FI

**AIR CONSTRUCTION PERMIT APPLICATION**

Form FI: Facility Information – Please see instructions on reverse side

ALL INFORMATION IS REQUIRED FOR PROCESSING – IF INFORMATION IS MISSING PERMIT WILL NOT BE ISSUED

| <b>FACILITY INFORMATION</b>   |  |  |  |
|---|--|--|--|
| 1) Company Name   |  | 1a) Facility Plant Number  |  |
| 2) Facility Name (if different than #1)   |  |  |  |
| 3) Facility Permit Contact Person/Title   |  | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. |  |
| 4) Telephone Number and Email Address   |  |  |  |
| 5) Facility Modeling Contact Person   |  | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. |  |
| 6) Telephone Number and Email Address   |  |  |  |
| 7) Name and Address Permit should be sent to  |  |  |  |
| 8) City/State/Zip   |  |  |  |
| 9) Equipment Location Address (if different than #7)                                    |  |  |  |
| 10) City/State/Zip  |  |  |  |
| 10a) Facility County  |  |  |  |
| 11) Is the Equipment Portable?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12) Do you want Draft Permits?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13) SIC Code and NAICS Code   | SIC:   | NAICS:   |  |
| 14) Provide Brief Business Description and Principal Product                            |  |  |  |
| 15) Identify any adjacent or contiguous facility that this company owns and/or operates |  |  |  |

| <b>PERMIT PREPARER</b>  |  |  |  |
|---|--|--|--|
| THIS SECTION IS REQUIRED IF APPLICATION WAS PREPARED BY SOMEONE OTHER THAN A COMPANY EMPLOYEE |  |  |  |
| 16) Name  |  | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. |  |
| 17) Address   |  |  |  |
| 18) City/State/Zip Code   |  |  |  |
| 19) Phone Number and Email Address  |  |  |  |
| 20) Iowa P.E. Number (IAC 567 22.1(3)"b")   |  |  |  |
| 21) SIGNATURE   |  |  |  |

| <b>CERTIFICATION</b>   |  |  |  |
|--|--|--|--|
| I CERTIFY THAT BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THE ENCLOSED DOCUMENTS INCLUDING THE ATTACHMENTS ARE TRUE, ACCURATE, AND COMPLETE. LEGAL ENTITLEMENT TO INSTALL AND OPERATE THE EQUIPMENT COVERED BY AND ON THE PROPERTY IDENTIFIED IN THE PERMIT APPLICATION HAS BEEN OBTAINED. |  |  |  |
| 22) Responsible Official's Name/Title  |  | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. |  |
| 23) RESPONSIBLE OFFICIAL SIGNATURE   |  |  |  |
| 24) Date   |  |  |  |

| <b>APPLICATION FORMS ATTACHED</b>                               |   |
|---|---|
| 25.   | <input type="checkbox"/> EU (Number of forms: ), <input type="checkbox"/> CE (#: ), <input type="checkbox"/> EP (#: ), <input type="checkbox"/> EC(#: ), <input type="checkbox"/> EI, <input type="checkbox"/> Plot Plan, <input type="checkbox"/> MI2, <input type="checkbox"/> FRA, <input type="checkbox"/> MD, <input type="checkbox"/> GHG |
| Other Forms and Attachments (e.g. dispersion modeling analysis) |   |

## Instructions for Form FI

**This form is used by the DNR to identify a company or facility, equipment locations and personnel involved in the permit application. Additional information may be requested.**

1. Provide the name of the company or organization applying for the permit.
  - 1b. Provide the IDNR Facility I.D. Number. This can be obtained from previously issued facility permits or correspondence. For a new facility, IDNR will assign this number after submission.
2. Name of the facility, which the equipment will be or is located in.
3. Name of the person who should be contacted regarding this permit.
4. Telephone number and e mail address of person listed in (3).
5. Name of the person who should be contacted for dispersion modeling questions.
6. Telephone number and e mail address of person listed in (5).
- 7-8. Name and Address you are requesting the permit to be sent to.
- 9-10. Address of location of equipment.
- 10a. County where the facility is (or will be) located.
11. If the equipment is portable (such as an asphalt plant), identify by marking "yes." If there are other locations portable equipment will be used, attach a separate sheet labeled "FI-11A" to list those locations.
12. Indicate if you would like draft permits to review prior to permit issuance. Please note: The applicant will be allowed a **maximum of 3 business days to review the draft permits** and make comments. After the review period is over, **the permit will be issued**. This period is not considered a formal comment period, therefore, the comments will not be responded to in a formal manner nor will the comments be automatically incorporated into the final permit.
13. Provide the Standard Industrial Classification (SIC) code and the North American Industrial Classification System (NAICS) code for your plant. If your plant includes more than one major activity, provide the one related with the permit application. These codes are a compilation by the federal government of businesses by type of activity SIC codes are intended to cover the entire field of economic activity while NAISC codes are specific to the activity performed at the facility.
14. Briefly describe the primary activity and principal product of your business. If your plant includes more than one major activity, describe the one related with the permit application.
15. Please indicate if there are any other branches or divisions of this company located within 5 miles of the address provided in 9-10 above on this form.
- 16-21. Provide the consultant or preparer information. If a consultant prepared the permit application, it must have been either by or under the supervision of an active Iowa Licensed Professional Engineer. The Iowa professional engineering license number of that individual also must be provided. If the permit application was prepared by a non-licensed company employee, indicate "company employee".
- 22-24. Fill in the certification section with a signature, name, title and date. The certification must be signed by a responsible official. A responsible official could be the owner, the designated representative of the owner, or the engineer who prepared the application and works for the company.
25. Indicate the number and type of forms included in this application.