

Engineering Division
Bay Area Air Quality Management District
375 Beale Street, Ste# 600, San Francisco, CA 94105
415-749-4990

**Stationary Source
Summary**
Page 2

FACILITY NAME:	FACILITY ID:
-----------------------	---------------------

II. TYPE OF PERMIT ACTION

	CURRENT PERMIT (permit number)	EXPIRATION (date)
<input type="checkbox"/> Initial Title V Application		
<input type="checkbox"/> Permit Renewal		
<input type="checkbox"/> Significant Permit Modification		
<input type="checkbox"/> Minor Permit Modification		
<input type="checkbox"/> Administrative Amendment		

III. DESCRIPTION OF PERMIT ACTION

1. Does the permit action requested involve:

<input type="checkbox"/> Temporary Source	<input type="checkbox"/> Voluntary Emissions Caps
<input type="checkbox"/> Acid Rain Source	<input type="checkbox"/> Alternative Operating Scenarios
<input type="checkbox"/> CEM's	<input type="checkbox"/> Abatement Devices
<input type="checkbox"/> Source Subject to MACT Requirements [Section 112]	
<input type="checkbox"/> Source Subject to Enhanced Monitoring	

2. Is source operating under a Compliance Schedule? Yes No

3. For permit modification, provide a general description of the proposed permit modification: _____

Signature of Responsible Official

Print Name of Responsible Official

Title of Responsible Official and Company Name

Date: _____