**GENERAL INDUSTRY REGISTRATION**

Forsyth County Office of Environmental Assistance & Protection

Air Emission Source Registration

[Sec. 3Q-0102(e) and (f)]

|  |
| --- |
| **GENERAL INFORMATION** |
| Legal Corporate/Owner Name: |
| Site Name: |
| Site Address: |
| City: | State: |
| Zip Code: | County: |
| **CONTACT INFORMATION** |
| *Responsible Official/Authorized Contact* | *On Site Facility Contact* |
| Name/Title: | Name/Title: |
| Mailing Address Line 1: | Mailing Address Line 1: |
| Mailing Address Line 2: | Mailing Address Line 2: |
| City, State, Zip Code: | City, State, Zip Code: |
| Phone #: | Phone #: |
| Fax #: | Fax #: |
| Email Address: | Email Address: |
| **REGISTRATION IS BEING MADE FOR** |
|  Registration and Air Permit Rescission for Existing Permitted FacilityModification/Addition of Equipment, Ownership Change, Facility Name Change, or Change of Facility Contact Information at a Registered FacilityNew Registered Facility  |
| **FACILITY (PLANT SITE) INFORMATION** CHECK HERE IF SAME AS EXISTING AIR QUALITY PERMIT |
| Describe nature of (plant site) operation(s) – include a listing of emission source(s) and emission control device(s), a brief description of the process(es), and attach supporting calculations or process throughput data and material usages for determining emissions. |
| **FACILITY (PLANT SITE) INFORMATION CONTINUED** |
| Facility Coordinates: | Latitude: | Longitude: | Current/Previous Air Permit #: |
| Primary SIC Code: | Primary NAICS Code: |
| Is the facility subject to NSPS or MACT Requirements? Yes/No If so, what subparts? |
| Is the facility subject to Synthetic Minor Requirements? Yes/No |
| Is the facility located in a Non-Attainment area? Yes/No |
| Does this form contain confidential data? Yes/No If so, contact our office prior to submitting this application. |
| **SIGNATURE OF RESPONSIBLE OFFICIAL/AUTHORIZED CONTACT** |
|  I hereby certify that the facility will comply with all applicable Air Quality laws and regulations and will be properly  operated and maintained at all times. |
| Name (printed): Title: |
| **X** Signature: Date: |

**Attach Additional Sheets as Necessary**

**RETURN TO:**

FORSYTH COUNTY

OFFICE of ENVIRONMENTAL ASSISTANCE and PROTECTION

ATTN: Compliance Assistance & Permitting Division

201 N. CHESTNUT STREET

WINSTON-SALEM, NC 27101