


Department of Environmental Quality Office of Environmental Services Air Permits Division P.O. Box 4313 Baton Rouge, LA 70821-4313 (225) 219-3417	<h1>LOUISIANA</h1> <h2>Application for Approval of Miscellaneous Permitting Actions</h2>	
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PLEASE TYPE OR PRINT

1. Facility Information

Facility Name or Unit Name (if any)		<input type="checkbox"/> All Process Units <input type="checkbox"/> Process Unit-Specific Action
Agency Interest Number (A.I. Number)	Currently Effective Permit Number(s)	
Company - Name of Owner		
Company - Name of Operator (if different from Owner)		
Parent Company (if Company – Name of Owner given above is a division)		
Parish(es) where facility is located:		
Federal Tax-ID		

2. Type of Request

Check only one box to indicate the type of request being made.

- | | |
|---|--|
| <input type="checkbox"/> Small Source Exemption* [†] | <input type="checkbox"/> Permit Rescission Date of closure: ____/____/____ |
| <input type="checkbox"/> Exemption To Test [†] | <input type="checkbox"/> Application Withdrawal |
| <input type="checkbox"/> Variance** [†] | <input type="checkbox"/> Change of Tank Service |
| <input type="checkbox"/> Letter of Response/Letter of No Objection [†] | <input type="checkbox"/> Relocation of a Portable Facility |
| <input type="checkbox"/> Administrative Amendment [†] | <input type="checkbox"/> Authorization to Construct and Operate (ATC) [†] |

* Fee required

[†] Justification required

** Fee required unless source is operating under an air permit.

Estimated date that requested activity will commence _____

3. Application Fee

Complete this section if a fee is required for the request being made. Consult instructions.

Fee Code: _____ Amount Enclosed: \$ _____

Electronic Fund Transfer (EFT): If paying the application fee using an Electronic Fund Transfer (EFT), please include the EFT Transaction Number, the Date that the EFT was made, and the total dollar amount submitted in the EFT. If not paying the application fee using EFT, leave blank.

EFT Transaction Number

Date of Submittal

Total Dollar Amount

\$ _____

4. Description of Exceptional Circumstances to Justify a Variance Request

Requested Duration of Variance: _____ Months _____ Days

Explain the need for the variance.

Identify the affected source(s), as well as the applicable regulation(s) from which the source(s) need a variance. Include relevant details as necessary (e.g., a description of the how the process normally functions and how it is operating now) and describe any measures undertaken or that will be undertaken to remedy the situation prompting the variance request.

Identify the exceptional circumstances.

Identify the exceptional circumstances that preclude strict conformity with the regulation(s) identified above. Explain how strict conformity with such regulations would cause would 1.) cause undue hardship; 2.) be unreasonable; 3.) be impractical; or 4.) not be feasible under the circumstances; or would otherwise result in the practical closing and elimination of any lawful business, occupation, or activity without sufficient corresponding benefit or advantage to the people of the state.

Note: It is important that the reason for the variance request be made plain. The explanation of extenuating circumstances will form the primary basis upon which LDEQ will either grant or deny the variance request.

5. Required Information

Submittal of this Information Is Not Optional

For all requests:

Detailed description of the proposed activity is included. ☐

Justification for the request is included. (Justification may include supporting calculations, reasoning to support a determination of why strict conformity with the regulations is not feasible, etc) ☐

For Relocation of a Portable Facility requests only:

Documentation is attached that shows compliance with all applicable zoning criteria for the proposed location (for Relocation of a Portable Facility requests only). [Required per LAC 33:III.513.C.1.a] ☐

A map showing the proposed location of the Portable Facility is included (for Relocation of a Portable Facility requests only) [Required per LAC 33:III.513.C.2] ☐

Enter the **current** location of the facility (for Relocation of a Portable Facility requests only):

Street	City	Parish
_____	_____	_____
Latitude	Longitude	

Enter the **proposed** location of the facility (for Relocation of a Portable Facility requests only):

Street	City	Parish
_____	_____	_____
Latitude	Longitude	

Enter the Make, Model, and Serial Number of each portable combustion emissions source to be permitted. Otherwise, leave blank. Do **NOT** list any motor vehicles. Add rows as necessary (for Relocation of Portable Facility requests only).

Make	Model	Serial Number
_____	_____	_____

6. Emissions Summary Table

For each pollutant, enter the pre-project emission rate in the “Before” column and enter the post-project emission rate in the “After” column. Enter the difference between the “Before” and “After” values in the “Change” column. Add rows as necessary to show any Toxic Air Pollutant (TAP) or Hazardous Air Pollutant (HAP) emissions. All values in this table should be represented in tons per year or per variance period (if applying for a variance).

Pollutant	Before (tons per year/variance period)	After (tons per year/variance period)	Change (tons per year/variance period)
PM _{2.5}			
PM ₁₀			
SO ₂			
NO _x			
CO			
VOC			
CO _{2e}			

7. Contact Information

a. Person to contact with written correspondence						b. Person who prepared this report					
Name						Name					
Title						Title					
Company						Company					
Suite, mail drop, or division						Suite, mail drop, or division					
Street or P.O. Box						Street or P.O. Box					
City		State		Zip		City		State		Zip	
Business phone						Business phone					
Email address						Email address					

8. Certification of Compliance With Applicable Requirements

For corporations only: By signing this form, I certify that, in accordance with the definition of Responsible Official found in LAC 33:III.502, (1) I am a president, secretary, treasurer, or vice-president in charge of a principal business function, or other person who performs similar policy or decision-making functions; or (2) I am a duly authorized representative of such person; am responsible for the overall operation of one or more manufacturing, production, or operating facilities addressed in this permit application; and either the facilities employ more than 250 persons or have gross annual sales or expenditures exceeding \$25 million (in second quarter 1980 dollars); or the delegation of authority has been approved by LDEQ prior to this certification.*

I certify, under provisions in Louisiana and United States law which provide criminal penalties for false statements, that based on information and belief formed after reasonable inquiry, the statements and information contained in this Application for Approval of Miscellaneous Permitting Actions, including all attachments thereto, are true, accurate, and complete. Further, I have been informed that any written approval from LDEQ does not relieve the proposed activity from the requirement to comply with any other city, parish, state, and/or federal requirements.

Responsible Official:

Name (please print or type):

Signature:

Title:

Date:

*Approval of a delegation of authority can be requested by completing a Duly Authorized Representative Designation Form (Form_7218) available on LDEQ's website at <http://deq.louisiana.gov/page/air-permit-applications>.