	Reason for Application: (Check all that apply)		
	New Facility (to be constructed)	Revision of Data Submitted in an Earlier Application	
	Existing Facility (initial or modification application)	Application No.:	
	Permit to Construct	Date of Original	
	Permit to Operate	Submittal:	
	Change of Location		
	Permit to Modify Existing Equipment: Affected P	ermit No.:	
-			
7.	Permitting Exemption Activities (for permitted facilities only):		
	Have any exempt modifications based on emission level per Georgia Rule 391-3-103(6)(i)(3) been performed at the		
	facility that have not been previously incorporated in a permit?		
	No Yes, please fill out the SIP Exemption Attachment (See Instructions for the attachment download)		
•	llas secietares have unuided to usu for smurrad of		
8.	Has assistance been provided to you for any part of \Box No.	this application?	
8.	□ No □ Yes, SBAP ⊠ Yes,		
8.	□ No □ Yes, SBAP ⊠ Yes, If yes, please provide the following information:	this application?	
8.	□ No □ Yes, SBAP ⊠ Yes,	this application?	
8.	□ No □ Yes, SBAP ⊠ Yes, If yes, please provide the following information:	this application? a consultant has been employed or will be employed.	
8.	No Yes, SBAP Yes, If yes, please provide the following information: Name of Consulting Company: Trinity Consultants Name of Contact: Katie Brubaker, P.E.	this application? a consultant has been employed or will be employed.	
8.	No Yes, SBAP Yes, If yes, please provide the following information: Name of Consulting Company: Trinity Consultants Name of Contact: Katie Brubaker, P.E.	this application? a consultant has been employed or will be employed.	
8.	No Yes, SBAP Yes, If yes, please provide the following information: Name of Consulting Company: Trinity Consultants Name of Contact: Katie Brubaker, P.E. Telephone No.: 678.441.9977	this application? a consultant has been employed or will be employed. Fax No.: <u>678.441.9978</u>	
8.	No Yes, SBAP Yes, If yes, please provide the following information: Name of Consulting Company: Trinity Consultants Name of Contact: Katie Brubaker, P.E. Telephone No.: 678.441.9977 Email Address: kbrubaker@trinityconsultants.com Mailing Address: Street: 3495 Piedmont Road, E	this application? a consultant has been employed or will be employed. Fax No.: <u>678.441.9978</u>	
8.	No Yes, SBAP Yes, If yes, please provide the following information: Name of Consulting Company: Trinity Consultants Name of Contact: Katie Brubaker, P.E. Telephone No.: 678.441.9977 Email Address: kbrubaker@trinityconsultants.com Mailing Address: Street: 3495 Piedmont Road, E	this application? a consultant has been employed or will be employed. Fax No.: 678.441.9978	
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9. Submitted Application Forms: Select only the necessary forms for the facility application that will be submitted.

No. of Forms	Form
1	2.00 Emission Unit List
1	2.01 Boilers and Fuel Burning Equipment
	2.02 Storage Tank Physical Data
	2.03 Printing Operations
	2.04 Surface Coating Operations
	2.05 Waste Incinerators (solid/liquid waste destruction)
1	2.06 Manufacturing and Operational Data
1	3.00 Air Pollution Control Devices (APCD)
	3.01 Scrubbers
	3.02 Baghouses & Other Filter Collectors
1	3.03 Electrostatic Precipitators
1	4.00 Emissions Data
1	5.00 Monitoring Information
1	6.00 Fugitive Emission Sources
1	7.00 Air Modeling Information

10. Construction or Modification Date

Estimated Start Date: December 2020