**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 Facility  Modification/Addition of Equipment, Ownership Change, Facility Name Change, or Change of Facility Contact Information at a Registered Facility  New 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