

FACILITY NAME:	FACILITY ID:
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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:
- Temporary Source Voluntary Emissions Caps
 - Acid Rain Source Alternative Operating Scenarios
 - CEM's Abatement Devices
 - Source Subject to MACT Requirements [Section 112]
 - 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

 Name of Responsible Official

Date: _____