



# Permit-by-Rule Notification Form Unpaved Roadways and Parking Areas

## Division of Air Pollution Control

Submission of this form constitutes notice that the party identified in Section I of this form intends to be authorized to install/operate a source of air pollution according to the permit-by-rule provisions of OAC 3745-31-03(C)(1) and (C)(2)(I). By submitting this form, the applicant agrees to operate and maintain the facility and equipment in accordance with the applicable permit-by-rule provisions. An original signature is needed and forms transmitted by fax will not be accepted. Complete all information as indicated by the instructions.

### I. Applicant Information / Mailing Address

Company (Applicant) Name: \_\_\_\_\_

Mailing (Applicant) Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### II. Facility / Site Location Information

Facility Name: \_\_\_\_\_

Facility Address / Location: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Ohio EPA Facility ID Number (10-digit) if known – See Instructions: \_\_\_\_\_

### III. Reason for Submitting Notification:

Initial request  Modification  Ownership change

Request for revocation of current permit - See Instructions and complete additional information below

Permit to install (PTI) or Permit to operate (PTO) number

Emission Unit ID (4-digit)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### IV. Permit-by-Rule Qualifying Option:

The facility-wide total unpaved roadways and parking areas are greater than twelve thousand square feet but less than thirty thousand square feet in size.

I certify under penalty of law that all statements or assertions of fact made in this notification are true and complete, and shall subject the signatory to liability under state laws forbidding false or misleading statements.

Applicant Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

Mail the original, signed form to the appropriate Air Permit Review Agency for your county.  
(Please click on the link <http://www.epa.ohio.gov/districts.aspx> for mailing address).

Rev 06/16

#### For Ohio EPA Use Only:

FACILITY ID: \_\_\_\_\_

Date received

\_\_\_\_\_