

## Air Quality Division

### Administrative Information

This form is for Simple, Standard, or Construction Air Contaminant Discharge Permit (ACDP) applications for new permits, renewals and modifications. The applicant must submit **TWO** copies of this and all other required permit forms. If fees are required, submit the application along with the fees to:

**Oregon Department of Environmental Quality**  
**Financial Services - Revenue Section**  
**700 NE Multnomah Street, Suite 600**  
**Portland, Oregon 97232 - 4100**

If fees are not required, submit the application to the appropriate Regional Office where the facility is located.

1. **Company:** Enter the legal name of the company as registered with the [State of Oregon Corporations Division](#) and mailing address. Also, enter the number of employees for the corporation.
2. **Facility Location:** Enter the common name of the facility and address if different from the information provided in question one. If the common name is the same, enter "same".
  - Provide the location (i.e., the street address) for the facility. If the facility is not located on a street, provide other directional information such as nearby cross streets (i.e., northwest of Third Avenue at Howard Street). If the facility is located in an industrial park, provide the name and address of the park.
  - Provide the city name, county, and zip code. If the facility is located in an unincorporated area of a county, enter "unincorporated" and identify the nearest incorporated municipality.
  - Provide the number of employees that work at the facility location.
3. **Industrial Classification Code:**
  - Enter the appropriate Standard Industrial Classification (SIC) code and North American Industry Classification System (NAICS) code for the facility. There could be more than one primary SIC or NAICS. A secondary SIC or NAICS would be for other supporting activities at the facility, such as a steam process boiler.
  - If this facility is owned and/or operated by a governmental entity, specify the type of entity (e.g., city, county, state, federal, tribal) and the relationship of that entity to the facility (e.g., "owner," "operator," "owner and operator").
4. **Other DEQ permits:** Identify any DEQ solid waste, stormwater, water, and hazardous waste permits issued to the facility (e.g., National Pollution Discharge Elimination System [NPDES] Waste Discharge Permit 100797, etc.).
5. **LUCS:** All ACDP's for new and modified facilities require a [Land Use Compatibility Statement](#) prior to permit issuance. This is because, by law, DEQ must ensure that an operation is complying with local land use jurisdiction prior to issuing a permit. Check with your local city or county planning section/division for further information on their process.
6. **Permit Action:** Put an X for the appropriate permit action for this application. If this is an application for a new permit or modification of an existing permit that requires NSR/PSD, short-term NAAQS analysis is required to ensure the short-term NAAQS are protected; see the [Short-Term 1-hr and 24-hr NAAQS Requirements](#) website. If this is a renewal of an existing permit and there are no changes to the permit (i.e., changes to equipment or production rates), then the applicant just needs to submit form AQ101. If there are changes to the permit, then the applicant will need to submit any applicable forms to describe the changes. Applications for renewal of a Standard ACDP must include [form AQ403](#). Please refer to the [instructions for AQ403](#).
7. **Signature:** The ACDP application must be signed. The application should be signed by the official responsible for the facility's compliance with air quality regulations and knowledgeable of the contents of this application. The official might be the owner, the plant manager, the head of environmental affairs, etc.

DEQ USE ONLY	
Permit Number:	Type of Application:
Application No:	RNW ___ MOD ___ NEW ___
Date Received :	
Regional Office:	Check No.                      Amount \$

1. Company			2. Facility Location		
Legal Name:			Name:		
Mailing Address:			Street Address:		
City:	State:	Zip Code:	City:	County:	Zip Code:
Number of employees (Corporate):			Number of employees (Facility):		
3. Industrial Classification Code(s)			4. Other DEQ Permits		
Primary SIC and NAICS:			<b>5. LUCS:</b> <input type="checkbox"/> New facility <input type="checkbox"/> Modified facility Tax Lot #:		
Secondary SIC and NAICS:					

**6. Permit Action:**

Short Term Activity ACDP  
 New Simple ACDP with short-term NAAQS analysis  
 Construction ACDP with short-term NAAQS analysis, if applicable  
 New Standard ACDP with short-term NAAQS analysis  
 New or modified Standard ACDP (PSD/NSR) with short-term NAAQS analysis  
 Renewal of an existing permit without changes (include form AQ403 for Standard ACDPs)  
 Renewal of an existing permit with changes (include any other necessary forms and form AQ403 for Standard ACDPs)  
 Modification of existing permit

**7. Signature**

I hereby apply for permission to discharge air contaminants in the State of Oregon, as stated or described in this application, and certify that the information contained in this application and the schedules and exhibits appended hereto, are true and correct to the best of my knowledge and belief.

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Name of official (Printed or Typed)                      Title of official and phone number

\_\_\_\_\_

Signature of official    Date

**Fee Information**  
 (Make check payable to DEQ)

**Note: The initial application fees and annual fees specified below (OAR 340-216-8020, Table 2, Parts 1, 2 and 3) are only required for initial permit applications. These fees are not required for an application to renew or modify an existing permit. The appropriate specific activity fee(s) specified below (OAR 340-216-8020, Table 2, and Part 4) applies to permit modifications or may be in addition to initial permit application fees.**

<b>OAR 340-216-8020, Table 2, Part 1 – Initial Permitting Application Fees:</b>		
Short Term Activity ACDP	<input type="checkbox"/>	\$4,500.00
Simple ACDP	<input type="checkbox"/>	\$9,000.00
Construction ACDP	<input type="checkbox"/>	\$14,400.00
Standard ACDP	<input type="checkbox"/>	\$18,000.00
Standard ACDP (Major NSR or Type A State NSR)	<input type="checkbox"/>	\$63,000.00
<b>OAR 340-216-8020, Table 2, Part 2 – Annual Fees:</b>		
Simple ACDP – Low fee class	<input type="checkbox"/>	\$3,917.00
Simple ACDP – High fee class	<input type="checkbox"/>	\$7,834.00
Standard ACDP	<input type="checkbox"/>	\$15,759.00
<b>OAR 340-216-8020, Table 2, Part 3 – Cleaner Air Oregon Annual Fees:</b>		
Simple ACDP - Low fee class	<input type="checkbox"/>	\$806.00
Simple ACDP - High fee class	<input type="checkbox"/>	\$1,612.00
Standard ACDP	<input type="checkbox"/>	\$3,225.00
<b>OAR 340-216-8020, Table 2, Part 4 – Specific Activity Fees:</b>		
Non-Technical Permit Modification	<input type="checkbox"/>	\$432.00
Basic Technical Permit Modification	<input type="checkbox"/>	\$540.00
Simple Technical Permit Modification	<input type="checkbox"/>	\$1,800.00
Moderate Technical Permit Modification	<input type="checkbox"/>	\$9,000.00
Complex Technical Permit Modification	<input type="checkbox"/>	\$18,000.00
Major NSR or type A State NSR Permit Modification	<input type="checkbox"/>	\$63,000.00
Modeling review (outside Major NSR or type A State NSR)	<input type="checkbox"/>	\$9,000.00
Public Hearing at Source’s Request	<input type="checkbox"/>	\$3,600.00
State MACT determination	<input type="checkbox"/>	\$9,000.00
Compliance Order Monitoring	<input type="checkbox"/>	\$180.00/month

<b>Total Fees:</b>	
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**1. Company Information:**

Legal Name:	Other company name (if different than legal name):
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**2. Site Contact Person:**

(A person who deals with DEQ staff about equipment problems.)

Name:	Telephone number:	Fax:
Title:	Email address:	
Mailing address:	City, State, Zip Code	

**3. Facility Contact Person:**

(If other than the site contact person, a person involved with all environmental issues at the facility although they may be housed at a different site.)

Name:	Telephone number:	Fax:
Title:	Email address:	
Mailing address:	City, State, Zip Code	

**4. Mailing Contact Person:**

(If other than the site contact person, a person to whom the company would like all agency communications directed.)

Name:	Telephone number:	Fax:
Title:	Email address:	
Mailing address:	City, State, Zip Code	

**5. Invoice Contact Person:**

(If other than the site contact person, a contact to which invoices and communications related to resolving invoice questions can be directed.)

Name:	Telephone number:	Fax:
Title:	Email address:	
Mailing address:	City, State, Zip Code	

**Submit TWO copies of the completed application to the appropriate address below and email a convenience copy to:**

**New or Modified Permits (include fees)**

Oregon Department of Environmental Quality  
Financial Services – Revenue Section  
700 NE Multnomah St., Suite 600  
Portland, OR 97232-4100

**Permit Renewals (no fees)**

Oregon Department of Environmental Quality