

**Application for General Air Contaminant Discharge Permit and Attachments**

DEQ USE ONLY				
Permit Number:	Regional Office:	New		
Application No:	Check number:	Renewal		
Date Received:	Amount (\$):	Approved (date):		
		Staff initials:		

1. Company			2. Facility Location		
Legal Name:			Other company name (if different than legal name):		
Mailing Address:			Street Address:		
City:	State:	Zip Code:	City:	County (required):	Zip Code:
Number of employees (Corporate):			Number of employees (Facility):		
3. Industrial Classification Code(s)			4. Other DEQ Permits		
Primary SIC and NAICS:					
Secondary SIC and NAICS:					

**5. General Permit assignment (select the permit type and include the [Linked](#) form with your application).**

General Air Contaminant Discharge Permit	Fee Class	General Air Contaminant Discharge Permit	Fee Class
<a href="#">AQGP-005 combined degreasers</a>	2	<a href="#">AQGP-020 hospital sterilizers</a>	4
<a href="#">AQGP-006 dry cleaners</a>	6	<a href="#">AQGP-022 or 023 gasoline dispensing facilities</a>	4
<a href="#">AQGP-007 asphalt plants</a>	3	<a href="#">AQGP-025 large metal fabrication and finishing</a>	1 or 2
<a href="#">AQGP-008 rock crushers</a>	2	<a href="#">AQGP-026 plating and polishing</a>	1
<a href="#">AQGP-009 cement ready-mix plants</a>	1	<a href="#">AQGP-027 surface coating</a>	1
<a href="#">AQGP-010 sawmills/millwork</a>	3	<a href="#">AQGP-028 paint stripping</a>	1
<a href="#">AQGP-011 boilers</a>	2	<a href="#">AQGP-029 small metal fabrication and finishing</a>	4
<a href="#">AQGP-012 crematories</a>	1	<a href="#">AQGP-030 paint and allied product</a>	2
<a href="#">AQGP-013 grain elevators</a>	1	<a href="#">AQGP-031 air curtain incinerators</a>	1
<a href="#">AQGP-014 flour, cereal &amp; prepared feeds</a>	1		
<a href="#">AQGP-015 seed cleaning</a>	1		
<a href="#">AQGP-016 coffee roasters</a>	1		
<a href="#">AQGP-017 bulk gasoline plants</a>	1		
<a href="#">AQGP-018 electric power generators</a>	2		
<a href="#">AQGP-019 clay ceramics</a>	1		

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**6. General Permit attachment assignment (select the permit attachment (s) if any, you are applying for):**

General Air Contaminant Discharge Permit Attachment		
	AQGP-018a electric power generators	AQGP-028a paint stripping
	AQGP-020a hospital sterilizers	AQGP-029a small metal fabrication and finishing
	AQGP-022a or 023a gasoline dispensing	AQGP-030a paint and allied product manufacturing
	AQGP-025a large metal fabrication and finishing	
	AQGP-026a plating and polishing	
	AQGP-027a surface coating	

**7. General Permit Fees: (Make check payable to DEQ)**

General Permit Fees (include Assignment Fee*)		
Fee category	Fee	Total Fee
Initial Permit Assignment Fee (if New)	\$1,800.00*	
Class 1 Annual Fee	\$1,469.00	
Class 2 Annual Fee	\$2,644.00	
Class 3 Annual Fee	\$3,818.00	
Class 4 Annual Fee	\$734.00	
Class 5 Annual Fee	\$245.00	
Class 6 Annual Fee	\$490.00	
Registration - Class I	\$288.00	
Registration – Class II	\$216.00	
General Permit Attachment Fees		
Attachment Fee \$245.00 x (number of attachments)		
Cleaner Air Oregon Annual Fees		
Class 1 Annual Fee	\$310.00	
Class 2 Annual Fee	\$560.00	
Class 3 Annual Fee	\$810.00	
Class 4 Annual Fee	\$156.00	
Class 5 Annual Fee	\$52.00	
Class 6 Annual Fee	\$103.00	
<b>Total Fees</b>		

\*DEQ may waive the assignment fee for an existing source requesting to be assigned to a General ACDP because the source is subject to a newly adopted area source NESHAP as long as the existing source requests assignment within 90 days of notification by DEQ.

**8. 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.	
Name of official (Printed or Typed):	Title of official and phone number:
Signature of official:	Date:

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**Please Complete All Fields**

**1. Company Information:**

Legal Name:	Other company name (if different from legal name):
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**2. Site Contact Person: (A person who deals with DEQ staff about equipment problems.)**

First Name:	Last 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.)**

First Name:	Last 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.)**

First Name:	Last 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.)**

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

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

<b>New or Modified Permits (include fees)</b>
Oregon Department of Environmental Quality Financial Services – Revenue Section 700 NE Multnomah St., Suite 600 Portland, OR 97232-4100
<b>Permit Renewals (no fees)</b>
Oregon Department of Environmental Quality