**PLEASE DO NOT SEND A COPY OF THE INSTRUCTIONS IN WITH YOUR APPLICATION**

If you have any questions while filling out the Title V application forms, please contact the Bureau of Air Quality, Engineering Services Division by calling (803) 898-4123.

Submit the following to:

Engineering Services Division Director

Bureau of Air Quality

2600 Bull Street

Columbia, South Carolina, 29201

1. **Two complete, sanitized** Title V application packages, at least one must have original signatures (scanned, copied, electronic, etc. signatures will not be accepted)
2. **One complete, sanitized** electronic copy
3. **One complete, confidential** (if applicable) Title V application (no electronic versions of a confidential application should be submitted)

The applicant should also keep a copy of the complete application package in their records for use by the facility's air permit contact when answering technical questions and providing additional required information.

You may add additional rows in a table by selecting the **“unprotect document”** or **“stop protection”** function. The location and use of this function varies depending on your version of Word. The forms **“protect document”** tool should then be reselected so that you may resume navigating through the forms with the “tab” key.

**Co-location Determination**

Are there other facilities in close proximity that could be considered co-located? If "Yes", please use the following criteria to determine co-location applicability. If any of the following apply, please submit details in an attachment to this application. Include list of facilities and their air permit numbers that could be considered co-located and specify an Appendix or Attachment to this construction permit application package where the co-location determination is located.

1. *Ownership:* Is there a direct relationship between the owners and/or parent companies of each facility?
2. *Proximity:* Are the facilities contiguous, adjacent, or connected in any manner? What is the distance between the facilities?
3. *Facility Support:* Is one facility dependent on the other for raw materials? If so, what percentage of the operation is dependent?
4. *SIC / NAICS Codes:*  Do the facilities have similar or related SIC / NAICS codes? List the SIC / NAICS codes for each facility that may be considered co-located.
5. *Resource Sharing:*  Are resources being shared by the facilities? Describe any sharing between the facilities such as security, utilities, haul roads, etc.
6. *Contractual Agreements:* Are there existing contractual agreements between the facilities? List any agreements between the facilities to provide materials, services, or other resources.

**Responsible Official / Signature**

The Responsible Official must meet at least one of the qualifications listed below:

1. *For a Corporation:*
	1. A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or
	2. A duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and either:
		1. The facilities employ more than 250 persons or have gross annual sales or expenditures exceeding $25 million (in second quarter l980 dollars); or
		2. The delegation of authority to such representative is approved in advance by the Department.
2. *For a Partnership or Sole Proprietorship:*
	1. A general partner; or
	2. The proprietor, respectively.
3. *For a Municipality, State, Federal, or other Public Agency:*
	1. A principal executive officer; or
	2. Ranking elected official.
4. *For Affected Sources:*
5. The designated representative in so far as actions, standards, requirements, or prohibitions under the Title IV acid rain requirements of the Act or the regulations promulgated thereunder are concerned; and the designated representative for any other purposes under Part 70.

| **FACILITY IDENTIFICATION** |
| --- |
| SC Air Permit Number (8-digits only)     -      | Application Date      |
| Facility Name*(This should be the name used to identify the facility at the physical address listed below)*      | Facility Federal Tax Identification Number*(Established by the U.S. Internal Revenue Service to identify a business entity)*      |

| **FACILITY PHYSICAL ADDRESS** |
| --- |
| Physical Address:       | County:       |
| City:       | State: SC | Zip Code:       |
| Facility Coordinates *(Facility coordinates should be based at the front door or main entrance of the facility.)* |
| Latitude:       | Longitude:       | [ ]  NAD27 *(North American Datum of 1927)*Or[ ]  NAD83 *(North American Datum of 1983)* |

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| **CO-LOCATION DETERMINATION** |
| Are there other facilities in close proximity that could be considered co-located? [ ]  No [ ]  Yes\* |
| List potential co-located facilities, including air permit numbers, if applicable:       |
| If applicable, location in application for co-location determination:       |
| *(\*If yes, please submit co-location applicability determination details in an attachment to this application.)* |

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| **CONFIDENTIAL INFORMATION / DATA** |
| Does this application contain [confidential information](http://www.scdhec.gov/Environment/docs/DHEC_Confid_policy.pdf) or data? [ ]  No [ ]  Yes\* |
| *\*If yes, include a sanitized version of the application for public review and* ***ONLY ONE COPY OF CONFIDENTIAL INFORMATION SHOULD BE SUBMITTED*** |

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| **AIR PERMIT FACILITY CONTACT** *(Person who can answer technical questions about the facility and permit application.)* |
| Title/Position:       | Salutation:       | First Name:       | Last Name:       |
| Mailing Address:       |
| City:       | State:       | Zip Code:       |
| E-mail Address:       | Phone No.:       | Cell No.:       |

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| **RESPONSIBLE OFFICIAL** |
| Title/Position:       | Salutation:       | First Name:       | Last Name:       |
| Mailing Address:       |
| City:       | State:       | Zip Code:       |
| E-mail Address:       | Phone No.:       | Cell No.:       |
| **RESPONSIBLE OFFICIAL SIGNATURE** |
| I certify, to the best of my knowledge and belief, that no applicable standards and/or regulations will be contravened or violated. I certify that any application form, report, or compliance certification submitted in this permit application is true, accurate, and complete based on information and belief formed after reasonable inquiry. I understand that any statements and/or descriptions, which are found to be incorrect, may result in the immediate revocation of any permit issued for this application. |
|  |       |
| Signature of Responsible Official | Date |

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| **H. AIR PERMIT CONSULTANT** |
| Consulting Firm Name:       |
| Title/Position:       | Salutation:       | First Name:       | Last Name:       |
| Mailing Address:       |
| City:       | State:       | Zip Code:       |
| E-mail Address:       | Phone No.:       | Cell No.:       |
| SC Professional Engineer License/Registration No. (if applicable):       |