METROPOLITAN GOVERNMENT of NASHVILLE and DAVIDSON COUNTY
Metropolitan Health Department
Pollution Control Division
311-23rd Avenue, North
Nashville, Tennessee 37203
Telephone: (615) 340-5653 Fax: (615) 340-2142

APPLICATION FOR OPERATING PERMIT

1. Facility Name: _____ Phone Number: _____

   Facility Location: _____

   Facility Mailing Address: _____

2. I, the owner or responsible official, hereby request the issuance of an Operating Permit as required by Section 10.56.040, "Operating Permit" of the Metropolitan Code of Laws for the following source or sources:

Construction Permit No.	Source Description

3. Statement of Completeness and Certification of Compliance:

   I have reviewed this application in its entirety and to the best of my knowledge, the statements contained in this application are true, accurate and complete. Furthermore, I hereby certify that the source or sources described above are operating and will continue to operate in compliance with all applicable air pollution regulations and permit conditions. I have attached or previously submitted all the information or test data that has been requested by the Pollution Control Division for the purpose of demonstrating compliance.

_____ _____

Type or Print Name of Responsible Official — Title

_____ _____

Signature of Responsible Official — Date