



Michigan Department Of Environmental Quality - Air Quality Division

**GENERAL PERMIT TO INSTALL APPLICATION  
GENERAL INFORMATION**

FOR DEQ USE ONLY
PERMIT NUMBER

Authorized under 1994 PA 451, as amended. Completion of form is required. Applicant may be subject to civil and/or criminal penalties for providing false information.

**Instructions:** Use this form to request authority to install and operate a source, process or process equipment under the terms and conditions of a general permit to install pursuant to Rule 201a. Prepare this form, the appropriate Process Information form(s) and the Additional Information form (if needed). Submit all information, including forms, in duplicate. **NOTE:** A general permit cannot apply to a source, process, or process equipment that is covered by a Permit to Install pursuant to Rule 201 and is further referenced in an outstanding consent order or consent judgment.

1. FACILITY CODES		
State Registration Number (SRN):	<input type="text"/>	North American Industry Classification System (NAICS) <input type="text"/>
2. APPLICANT NAME <i>(Business license name of the corporation, partnership, individual or government agency that owns the facility)</i>		
3. APPLICANT MAILING ADDRESS <i>(Street Address or P.O. Box Number)</i>		
CITY	STATE	ZIP CODE
4. AUTHORIZED EMPLOYEE		TITLE
		PHONE NO. <i>(Include Area Code)</i>
5. CONTACT: <i>(If different than Authorized Employee - for questions regarding this application)</i>		PHONE NO. <i>(Include Area Code)</i>
6. EQUIPMENT OR PROCESS LOCATION <i>(Number and street, if different than mailing address)</i>		
CITY	ZIP CODE	COUNTY
7. THE EQUIPMENT IDENTIFIED IN THE APPLICATION IS <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING - DATE INSTALLED:		
8. IS THERE AN EXISTING PERMIT TO INSTALL FOR ANY EQUIPMENT IDENTIFIED IN THIS APPLICATION? IF YES, INCLUDE PERMIT TO INSTALL NUMBER(S) <input type="checkbox"/> YES <input type="checkbox"/> NO		
9. DOES THIS SOURCE HAVE AN EXISTING RENEWABLE OPERATING PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE IF YES, INCLUDE RENEWABLE OPERATING PERMIT NUMBER:		
10. IS ANY OF THE EQUIPMENT INCLUDED IN AN OUTSTANDING CONSENT ORDER OR CONSENT JUDGMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
11. THE FOLLOWING FORMS ARE ATTACHED AS PART OF THIS PERMIT APPLICATION <i>(check all that apply)</i>		
<input type="checkbox"/> PROCESS INFORMATION (EQP _____ ) <i>(Complete the appropriate form for the process or equipment to be installed and insert the form number in the space provided.)</i>		
<input type="checkbox"/> ADDITIONAL INFORMATION (EQP5729)		

**Applicant Certification:** I certify, under penalty of law, that this permit application and any attachments were prepared by me, or under my direction or supervision in accordance with a system to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. In addition, the equipment described in this application meets the necessary criteria for applicability for a General Permit to Install. Furthermore, I certify that I can and will comply with all conditions outlined in the General Permit to Install. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.

SIGNATURE OF AUTHORIZED EMPLOYEE <i>(Person identified in item 4)</i>	DATE	E-MAIL ADDRESS
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**Submit original completed application and all attachments to:**

**MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
AIR QUALITY DIVISION - PERMIT SECTION  
P.O. BOX 30260  
LANSING, MI 48909-7760**

<b>DEQ USE ONLY - DO NOT WRITE BELOW</b>	
DATE APPLICATION COMPLETE	
DATE GENERAL PERMIT TO INSTALL GRANTED	SIGNATURE
DATE GENERAL PERMIT TO INSTALL VOIDED	SIGNATURE





Michigan Department Of Environmental Quality - Air Quality Division

**GENERAL PERMIT TO INSTALL APPLICATION  
PROCESS INFORMATION - 10 TPY COATING LINE**

FOR DEQ USE ONLY
PERMIT NUMBER

Authorized under 1994 PA 451, as amended. Completion of form is required. Applicant may be subject to civil and/or criminal penalties for providing false information.

**Instructions:** Use this form to request authority to install and operate a coating line under the terms and conditions of a general permit to install pursuant to Rule 201a. One or more coating lines may be included in the general permit to install. Complete a separate copy of this form for each coating line. Prepare and submit this form with the General Information form (EQP5727).

**For a Modification:** Complete and certify this form. Clearly describe and identify all existing and new or additional equipment in Item 3. Submit a copy to both the Permit Section and the District Supervisor.

1. FACILITY CODE STATE REGISTRATION NUMBER (SRN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. THIS APPLICATION IS FOR: <input type="checkbox"/> NEW GENERAL PERMIT <input type="checkbox"/> MODIFICATION TO EXISTING GENERAL PERMIT – PERMIT NO.
3. DESCRIPTION <i>(Describe the coating line. For each coating station (booth, dip tank, etc.) include the manufacturer, model, and dimensions. Describe flash off areas; drying areas or ovens; location of stacks; control, if applicable; and items/substrate to be coated. Use EQP5729 if needed)</i>

**Instructions for completing Items 4 and 5:** The coating line and all associated stacks/vents should be linked, by assigning each a unique identification number (ID). The ID may be any combination of up to 10 letters, numbers or keyboard characters with no spaces between characters. If this equipment already has an ID assigned from a previous Permit to Install or Renewable Operating Permit, please use the existing ID. If Items 4 and 5 are left blank, IDs will be assigned.

4. EMISSION UNIT ID <i>(Assign an identification number for the coating line)</i>	<b>EU</b>
5. STACK/VENT ID <i>(Assign an identification number for each associated stack/vent)</i>	
<b>SV</b>	<b>SV</b>
<b>SV</b>	<b>SV</b>

<b>PROCESS INFORMATION</b>	
6. NUMBER OF COATING LINES TO BE COVERED BY THIS GENERAL PERMIT <i>(A separate Process Information form must be completed for each line. Use of the general permit limits combined VOC emissions from all coating lines at the source to 30 TPY)</i>	
7. WILL VOC EMISSIONS FROM THIS COATING LINE EXCEED 2000 POUNDS PER MONTH OR 10 TPY? <i>(Emissions include purge and clean-up operations associated with the coating line.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. TYPE OF APPLICATOR <input type="checkbox"/> HVLP Spray <input type="checkbox"/> Electrostatic Spray <input type="checkbox"/> Dip <input type="checkbox"/> Flowcoat <input type="checkbox"/> Other, Describe	
9. FOR SPRAY APPLICATIONS, TYPE OF PARTICULATE CONTROL <input type="checkbox"/> Dry Filter <input type="checkbox"/> Water Curtain	

<b>STACK INFORMATION</b>	
10. IS THE EXHAUST DISCHARGED UNOBSTRUCTED VERTICALLY UPWARD FROM ALL STACKS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. IS EACH STACK HEIGHT AT LEAST 1.5 TIMES THE BUILDING HEIGHT? <i>(from ground level to point of discharge)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>CONTROL INFORMATION</b>	
12. IS ADD-ON CONTROL USED TO MEET THE REQUIREMENTS OF THIS GENERAL PERMIT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. DOES ADD-ON CONTROL REDUCE VOC EMISSIONS TO THE ATMOSPHERE BY AT LEAST 76%?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. CONTROL TYPE <input type="checkbox"/> THERMAL OXIDIZER - MINIMUM TEMPERATURE IN COMBUSTION CHAMBER _____ <input type="checkbox"/> CATALYTIC OXIDIZER - MINIMUM TEMPERATURE AT INLET OF CATALYST BED _____	

**Applicant Certification:** I certify, under penalty of law, that this permit application and any attachments were prepared by me, or under my direction or supervision in accordance with a system to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. In addition, the equipment described in this application meets the necessary criteria for applicability for a General Permit to Install. Furthermore, I certify that I can and will comply with all conditions outlined in the General Permit to Install. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.

SIGNATURE OF AUTHORIZED EMPLOYEE	DATE
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