



City of Kansas City, Missouri Health Department
Air Quality Program
2400 Troost Avenue, Suite 3200
Kansas City, Missouri 64108 tel. (816) 513-6314 fax (816) 513-6290

KANSAS CITY, MO AIR QUALITY PROGRAM
Permit to Construct or Modify an Air Contaminant Source

Company Name Permit Number

Company Address office use only.

Description of Source, Operation and Control Device

Blank lines for description of source, operation and control device.

Anticipated Construction Initiation Date

Anticipated Construction Completion Date

Authorized Person Title

Address please print.

Authorized Person Phone

signature

- 1. Fill out and sign for each permit.
2. Submit an annual estimate of process materials to be used by the proposed source.
3. As set forth in the Kansas City, Missouri Code of Ordinances, Section 8-20(b)(1) a., each company that submits an application to be issued a construction permit shall be sent an invoice for the technical review hours of any reviewer at an hourly rate of \$53.00, but in no case shall exceed \$10,000 for any one permit application.

DO NOT WRITE BELOW THIS LINE

Conditions of Approval

- 1) Kansas City, Missouri Code of Ordinances, Chapter 8, shall apply.
2) Facilities not in compliance with any portion of this permit are required to report the noncompliance to the Kansas City, Missouri Air Quality Program within 72 hours of occurrence.
3) See attached permit conditions.

Blank lines for conditions of approval.

Principal Reviewer

Air Quality Program Manager

Date Signature