



# Louisville Metro Air Pollution Control District

**Form: AP-2508**

Mail Application To:  
 Louisville Metro APCD  
 850 Barret Avenue  
 Louisville, KY 40204

**Selective Catalytic Reduction (SCR),  
 Selective Non-Catalytic Reduction (SNCR),  
 Non-Selective Catalytic Reduction (NSCR), and  
 Ammonia Injection**

(502) 574-6000  
 FAX: (502) 574-5137  
[www.louisvilleky.gov/apcd](http://www.louisvilleky.gov/apcd)

## Application For Permit To Construct, Reconstruct, Install, Modify, or Operate Process or Process Equipment

<b>Section A: Owner/Operator Information</b>					
Business Name of Owner /Operator To Appear On The Permit: _____					
Owner's Business Name (only if different from Business Name of Owner/Operator): _____					
<b>Section B: Equipment Location</b>			<b>Section C: Permit Mailing Address</b>		
Equipment Location Address: _____			Permit and Correspondence information: <input type="checkbox"/> Check here if same as equipment location address.		
Street Address _____			Street Address _____		
City _____ State <u>KY</u> Zip Code _____			City _____ State _____ Zip Code _____		
Responsible Official Name: _____			Contact Name: _____		
Responsible Official Title: _____			Contact Title: _____		
Phone: _____			Phone: _____		
Fax: _____			Fax: _____		
E-Mail: _____			E-Mail: _____		
<b>Section D: Application Type</b>					
Reason for Submitting Application (Select all that apply):			Date of Construction, Modification, Installation or Operation: (MM/DD/YYYY)		
<input type="checkbox"/> New Construction /Installation <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Modification <input type="checkbox"/> Change of Location <input type="checkbox"/> Reconstruction <input type="checkbox"/> Administrative Change <input type="checkbox"/> Operation			Estimated Start Date: _____ Actual Start Date: _____		
In accordance with District regulations 2.03, Section 1, you may not construct, install, modify, or operate an affected facility unless a permit has been issued by the District (LMAPCD). Please complete all requested information in this application. Incomplete applications may result in denial of issuing a permit to construct and operate process or process equipment.					
<b>Section E: Facility Business Information</b>					
What type of business is being conducted at this equipment location?					SIC Code
<b>Section F: Authorization/Signature</b> I hereby certify that all information contained herein and information submitted with this application is true and correct.					
Signature of Responsible Official: _____			Title: _____		
Print Name: _____			Date: _____		
LMAPCD Use Only	Application Tracking #: _____	Assigned Engineer: _____	Permit No(s): _____	Plant ID #: _____	NAICS Code: _____



<b>Section K: Stack Information</b>			
Stack Height Above Grade:		<b>feet</b>	
Stack Exit Diameter:		<b>feet</b>	
<i>(Provide stack dimensions if rectangular stack.)</i>			
Is a <b>stack cap</b> present? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Stack Configuration: <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Downward – Venting			
<i>(Check all that apply)</i> <input type="checkbox"/> Other (Specify):			
Stack Exit Gas Temperature:                      ° F		Stack Exit Gas Flow Rate:                      ACFM	
Distance to Nearest Property Line:		<b>feet</b>	
Describe nearest obstruction:			
Height of Nearest Obstruction:		<b>feet</b>	
		Distance to Nearest Obstruction:	
		<b>feet</b>	
Are <b>stack sampling ports</b> provided? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Section L: Monitoring and Alarm Information</b>			
Are there any <b>alarms</b> associated with this equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>If YES, complete the following. If NO, proceed to Section M.</i>			
Describe the System Alarm(s):			
<b>If there are more than three alarms, attach additional copies of this page as needed.</b>			
Operating Parameter Monitored	Describe Alarm Trigger	Monitoring Device or Alarm Type	Does the Alarm Initiate an Automated Response?
		<input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Automatic (Remote Monitoring) <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO Describe:
		<input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Automatic (Remote Monitoring) <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO Describe:
		<input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Automatic (Remote Monitoring) <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO Describe:

**Section M: Additional Information**

Attach potential emissions calculations with your application. If there are no emission calculations provided with the application, the LMAPCD will calculate the potential emission rates for this equipment. This will result in a delay in the issuance of the permit. The potential emission rates shall be based on operation at maximum equipment capacity. The annual potential emissions shall be based on 8,760 operating hours per year. All potential emission calculations shall represent pre-control emissions.

Is there any additional information pertinent to this application?    YES    NO

If yes, describe below: