

OLYMPIC REGION CLEAN AIR AGENCY

2940 Limited Lane NW - Olympia, Washington 98502 - 360-539-7610 – Fax 360-491-6308

FORM 1- NOTICE OF CONSTRUCTION

TO CONSTRUCT - INSTALL - ESTABLISH OR MODIFY AN AIR CONTAMINANT SOURCE

Form 1 Instructions:

1. Please complete all the fields below. **This NOC application is considered incomplete until signed.**
2. If the application contains any confidential business information, please complete a Request of Confidentiality of Records (www.orcaa.org).
3. Duty to Correction Application: An applicant has the duty to supplement or correct an application. Any applicant who fails to submit any relevant facts or who has submitted incorrect information in a permit application must, upon becoming aware of such failure or incorrect submittal, promptly submit supplementary factors or corrected information.

Business Name:	For ORCAA use only
Mailing Address:	File No: County No: Source No: Application No:
Physical Address of Project or New Source:	Date Received:
Billing Address:	
Project or Equipment to be installed/established:	
Anticipated startup date: ___ / ___ / ___ Is facility currently registered with ORCAA? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p>This project must meet the requirements of the State Environmental Policy Act (SEPA) before ORCAA can issue final approval. Indicate the SEPA compliance option:</p> <p><input type="checkbox"/> SEPA was satisfied by _____ (government agency) on ___ / ___ / ___ (date) - Include a copy of the SEPA determination</p> <p><input type="checkbox"/> SEPA threshold determination by _____ (government agency) is pending - Include a copy of the environmental checklist</p> <p><input type="checkbox"/> ORCAA is the only government agency requiring a permit - Include ORCAA Environmental Checklist</p> <p><input type="checkbox"/> This project is exempt from SEPA per _____ (WAC citation).</p>	
Name of Owner of Business:	Agency Use Only
Title:	
Email:	Phone:
Authorized Representative for Application (if different than owner):	
Title:	
Email:	Phone:
I hereby certify that the information contained in this application is, to the best of my knowledge, complete and correct.	
Signature of Owner or Authorized Representative: (sign in Blue Ink)	
	Date:
IMPORTANT: Do not send via email or other electronic means. ORCAA must receive Original, hardcopy, signed application and payment prior to processing application.	

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FORM 1D- Contact Information

Business Name	FOR ORCAA USE
	FILE #
Physical Site Address (Street address, city, state, zip)	CTY #
	SRC #
	Date Received
Previous Business Name (if applicable)	

Contact Information

Inspection Contact	
Name	Title
Phone	Email
Billing Contact	
Name	Title
Phone	Email
Emission Inventory Contact	
Name	Title
Phone	Email
Complaint Contact	
Name	Title
Phone	Email
Permit Contact	
Name	Title
Phone	Email

The **inspection contact** is the on-site person responsible for the everyday operation of the site and is available for inspections.

The **billing contact** is the person invoices are sent.

The **emission inventory contact** is the person requests for emissions information and material use information are sent.

The **complaint contact** is the person who receives and responds to complaints received on-site and who is contacted regarding complaints ORCAA receives.

The **permit contact** is the person responsible for filling out permit applications and receiving approval from ORCAA.