

# 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/forms](http://www.orcaa.org/forms)).
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:	<b>For ORCAA use only</b>
Mailing Address:	File No:
Physical Address of Project or New Source:	County No:
Billing Address:	Source No:
Project or Equipment to be installed/established:	Application No:
Anticipated startup date: ___ / ___ / ___ Is facility currently registered with ORCAA? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Received:
<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>	
<b>Name of Owner of Business:</b>	<b>Agency Use Only</b>
Title:	
Email:	
Phone:	
<b>Authorized Representative for Application</b> (if different than owner):	
Title:	
Email:	
Phone:	
<b>I hereby certify that the information contained in this application is, to the best of my knowledge, complete and correct.</b>	
<b>Signature of Owner or Authorized Representative: (sign in Blue Ink)</b>	
Date:	
<b>IMPORTANT: Do not send via email or other electronic means. ORCAA must receive Original, hardcopy, signed application and payment prior to processing application.</b>	

## Contact Information

<b>Inspection Contact</b>	
Name	Title
Phone	Fax
Email	
Also use this contact for <input type="checkbox"/> Billing <input type="checkbox"/> Emission Inventory <input type="checkbox"/> Complaints <input type="checkbox"/> Permits	
<b>Billing Contact</b>	
Name	Title
Phone	Fax
Email	
Also use this contact for <input type="checkbox"/> Emission Inventory <input type="checkbox"/> Complaints <input type="checkbox"/> Permits	
<b>Emission Inventory Contact</b>	
Name	Title
Phone	Fax
Email	
Also use this contact for <input type="checkbox"/> Complaints <input type="checkbox"/> Permits	
<b>Complaint Contact</b>	
Name	Title
Phone	Fax
Email	
Also use this contact for <input type="checkbox"/> Permits	
<b>Permit Contact</b>	
Name	Title
Phone	Fax
Email	

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

The **billing contact** is the person to whom all invoices are sent.

The **emission inventory contact** is the person to whom 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 who is responsible for filling out permit applications and receiving approval from ORCAA.