

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).
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:
Physical Address of Project or New Source:	County No:
Billing Address:	Source No:
Project or Equipment to be installed/established:	Application No:
Commence construction date: ___ / ___ / ___	Date Received:
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.	

Contact Information

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