Application for an Annual Operating Permit-Air Quality Division				
(1) Legal Name of Company or Business:				
Company Name:			For Polk County Office Use Only:	
Company Name Change:			Permit# AIRO-20	
(2) Responsible Official Certification:				
I certify that based on information and belief formed after reasonable inquiry, the submitted application including the attachments are true, accurate, and complete. Applicant/Responsible Official:			For Polk County Office Use Only: Date Received: (AIRS#) Permit Number: Permit Year: Issue Date:	
Print Name:				
Signature:				
Title:Date:			Check Number: Permit Fee:	
(3) Applicant/Mailing Address				
Name/Title:		Telephone:	Email:	
Street Address:		City:	State:	Zip:
(4) Equipment Location:				
Street Address:		City:	State: Iowa	Zip:
Is the Equipment Portable? Is the Equipment Portable? No				
(5) Person on site in charge of the equipment operations:				
Name/Title:		Telephone:	Email:	
Street Address:		City:	State:	Zip:
(6) Records Included:				
□ Forms □ Material Usage Logs (i.e. Paint)	□ Records (Hours) □ Other:			
(7) Return this application, any documentation, forms, logs, records and payment to:				
Polk County Public Works Department Air Quality Division 5885 NE 14 th Street Des Moines, Iowa 50313-1202 <i>Make check payable to: Polk County Treasurer or Air Quality Division</i> <i>Do not send cash.</i> If you need assistance please call:				
(515) 286-3705				

Board of Health Rules & Regulations - Chapter V, Article X, Division 2, Section 5-36. Application for Permit.

Any person seeking to obtain an operating permit for the operation of any equipment shall submit an application for the permit to the health officer on a form provided by the health officer.

(1) Duty to apply. Any source which would qualify for a conditional operating permit must apply for either a conditional operating permit. (a) Timely application. Each owner or operator applying for a conditional operating permit shall submit an application:

(2) At least 30 days but not more than 90 days prior to the date of expiration if the application is for renewal; (b) complete application. To be deemed complete, an application must provide all information required. (c) Duty to supplement or correct application.

* This certification and any other certification required under these Articles shall state that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate and complete.