



City of Kansas City, Missouri Health Department
 Air Quality Program
 2400 Troost Avenue, Suite 3200
 Kansas City, Missouri 64108 tel. (816) 513-6314 fax (816) 513-6290

KANSAS CITY MISSOURI AIR QUALITY PROGRAM
PERMIT TO CONSTRUCT or MODIFY AN AIR CONTAMINANT SOURCE

Company Name _____ Permit Number _____ *office use only*

Company Address _____

Description of Source, Operation and Control Device _____

Anticipated Construction Initiation Date _____

Anticipated Construction Completion Date _____

Authorized Person _____ Title _____
please print

Address _____

Authorized Person _____ Phone _____
signature

- 1) Fill out and sign two yellow sheets for each permit.
- 2) Submit an annual estimate of process materials to be used by the proposed source.
- 3) As set forth in the Kansas City, Missouri Code of Ordinances, Section 8-20(b)(1)a., each company that submits an application to be issued a construction permit shall be sent an invoice for the technical review hours of any reviewer at an hourly rate of \$50.00, but in no case shall exceed \$10,000 for any one permit application.

DO NOT WRITE BELOW THIS LINE

CONDITIONS OF APPROVAL

- 1) Kansas City, Missouri Code of Ordinances, Chapter 8, shall apply.
- 2) Facilities not in compliance with any portion of this permit are required to report the noncompliance to the Kansas City, Missouri Air Quality Program within 72 hours of occurrence.
- 3) See attached permit conditions.

Principal Reviewer _____

Air Quality Program Manager _____

Date _____ Signature _____
Division Manager, Environmental Health Services