APPLICATION FOR AN ANNUAL OPERATING PERMIT
DESCRIBED BY CHAPTER V, ARTICLE X, DIVISION 2
OF THE POLK COUNTY RULES AND REGULATIONS

1. EXACT LEGAL Name of Company or Business:
_____

2. Mailing Address:
_____

3. Zip Code: _____ Phone Number: _____ FAX #: _____

4. Person to whom correspondence should be addressed (applicant):_____
_____

5. Address where equipment is located: _____

6. Person on site in charge of equipment operations (Print or Type):

_____

7. _____ _____

Signature of Applicant Position

8. RETURN THIS APPLICATION, ANY ADDITIONAL REQUIRED FORMS AND PERMIT FEE TO:
POLK COUNTY PUBLIC WORKS
Air Quality Division
5885 NE 14th Street
Des Moines, IA 50313-1202

DO NOT SEND CASH

9. Make check or money order payable to: POLK COUNTY

10. Please indicate your assigned Annual Operating Permit Number on your accompanying payment.

11. If you have questions regarding any of the above, please contact the Air Quality Division at (515) 286-3351.

FOR OFFICE USE ONLY:

_____ _____
Annual Permit # Permit Year

$_____ _____
Permit Fee Check #

_____ _____
Date Cash

_____