

# Instructions for Form A1-6H “FACILITY (General Information)”

*Mecklenburg County Air Quality (MCAQ) Form A1-6H contains general information on the autobody or miscellaneous surface coating facility being permitted. One Form A1-6H is to be completed for each permit application.*

## 1.0 GENERAL INFORMATION

**1.1 LEGAL NAME OF CORPORATE ENTITY** - The legal name of the company that the permit will be issued to (i.e. the legal name of the owner of the business). This will be the name of the local business if it is incorporated and is not solely a marketing name. If the business operates under a marketing name, this will be the name of the corporate owner.

**1.2 SITE NAME** - The marketing name of the facility. This may be the same as the legal name of the corporate entity.

**1.3 SITE ADDRESS, CITY, COUNTY, STATE, ZIP CODE** - The location where MCAQ would go to inspect the equipment.

## 2. CONTACT INFORMATION

**2.1 RESPONSIBLE COMPANY OFFICIAL CONTACT** – The name and title of the official as specified in MCAPCO Regulation 1.5212 Paragraph (i). This is the same person that will be responsible for signing the application form.

**MAILING ADDRESS, CITY, STATE, ZIP CODE** - The address at which the Responsible Company Official receives postal mail.

**TELEPHONE, FAX, E-MAIL ADDRESS** - For the Responsible Company Official.

**2.2 CORPORATE CONTACT PERSON** - The name and title of the corporate person, if any, who is to be contacted for information concerning the facility.

**MAILING ADDRESS, CITY, STATE, ZIP CODE** - The address at which the Corporate Contact receives postal mail.

**TELEPHONE, FAX, E-MAIL ADDRESS** - For the Corporate Contact.

**2.3 HIGHEST RANKING LOCAL OFFICIAL IN MECKLENBURG COUNTY, TITLE** – The name and title of the local person within the organizational hierarchy who is, or is closest to, the head of the national/international organization (i.e. owner, president, chairman, facility manager).

**MAILING ADDRESS, CITY, STATE, ZIP CODE** - The address at which the Highest Ranking Local Official receives mail.

**TELEPHONE, FAX, E-MAIL ADDRESS** - For the Highest Ranking Local Official.

**2.4 SITE CONTACT, TITLE** - The name and title of the person at the facility who is to be contacted for facility information.

**MAILING ADDRESS, CITY, STATE, ZIP CODE** - The address at which the facility receives mail.

**TELEPHONE, FAX, E-MAIL ADDRESS** - For the site contact person.

## 3.0 FACILITY INFORMATION

**3.1 DESCRIBE NATURE OF FACILITY OPERATION(S)** - This is a short statement describing what is taking place at the facility (i.e., collision repair and painting, custom auto and truck painting, etc.).

**3.2 WHAT DATE DID OPERATIONS BEGIN AT THIS LOCATON?** – The date when the facility first opened for business and began painting and coating operations on the site.

**3.3 SIC CODE(S)** - This is the Standard Industrial Classification (SIC) code which can be found in the Standard Industrial Classification Manual. For example, if your facility refinishes automobiles, the SIC code would be 7532. If there are multiple processes at the facility which have different SIC codes, list the code or codes which best represent the primary activity at the facility.

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**DESCRIPTION OF PRIMARY SIC GROUP** - Each four digit SIC code has a description to be entered here. For the SIC code 7532 (noted above), the SIC group description found in the SIC Manual would be "Top, Body, and Upholstery Repair Shops and Paint Shops".

**3.4 NAICS CODE(S)** – This is the North America Industry Classification System (NAICS) code which can be found in the NAICS Manual. For example, if your facility refinishes automobiles, the NAICS code would be 811121. If there are multiple processes at the facility which have different NAICS codes, list the code or codes which best represent the primary activity at the facility.

**DESCRIPTION OF PRIMARY NAICS GROUP** - Each six-digit NAICS code has a description to be entered here. For the NAICS code 811121 (noted above), the NAICS group description found in the NAICS Manual would be "Automotive Body, Paint, and Interior Repair and Maintenance".

**3.5 TAX CODE PARCEL ID NO.** - This number can be obtained from the tax office or by using the Mecklenburg County POLARIS website and inputting your site address, <http://polaris3g.mecklenburgcountync.gov/>.

**3.6 OPERATION** – Normal hours of operation for the autobody or other coating process (i.e., production, does not include administrative hours).

**3.7 IS THERE A GASOLINE DISPENSING FACILITY ON SITE?** – Check "Yes" or "No."

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#### 4.0 APPLICATION CLASSIFICATION

##### 4.1 FACILITY TYPE

**NEW FACILITY** - Application is made for construction/operation of a new autobody shop.

**EXISTING PERMITTED FACILITY** - Facility currently in operation, which holds an Air Quality Permit.

**EXISTING UNPERMITTED FACILITY** - Facility currently in operation that does not hold an Air Quality Permit.

**4.2 DO YOU CLAIM CONFIDENTIALITY OF DATA?** - All information in this application and the attachments thereto are considered public information unless the applicant can demonstrate that specific information qualifies for confidential treatment under the provisions of North Carolina G.S 143-215.3C and MCAPCO Regulation 1.5217. **Your request does not guarantee confidentiality.** If you request confidentiality, you must submit one confidential copy of the forms package and one public copy of the forms package as defined below:

1. Confidential copy: one complete application, stamped confidential on each relevant page and containing the confidential and non-confidential information; and
2. Public copy: one complete application, indicating "Trade Secret Information Deleted" for each instance where information has been omitted from the Public copy.

*Note: All forms, including those deemed confidential by MCAQ, may be submitted to EPA. Because EPA has different guidelines for confidentiality, what may be deemed confidential by MCAQ may be released as public information by EPA. Therefore, it is advised that both the North Carolina General Statutes and the federal laws concerning confidentiality be reviewed prior to submitting proprietary information to MCAQ.*

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#### 5.0 FIRM OR PERSON THAT PREPARED FORMS

**FIRM NAME** – The name of the company where application preparer works.

**PERSON NAME, TITLE** - The person at the company who is to be contacted for information concerning the submittal.

**MAILING ADDRESS, CITY, STATE, ZIP CODE, COUNTY** - The address at which the preparer receives mail.

**TELEPHONE, FAX, E-MAIL ADDRESS** - For the preparer of the application.

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#### 6.0 ALTERNATIVE PUBLIC NOTICE PROCESSING

Pursuant to MCAPCO 1.5213 – "Action on Application; Issuance of Permit" and at the applicant's expense, proposed permit application approvals may be advertised in a major local newspaper to initiate the required 15-day public comment period. Indicate your preference – if "Yes", MCAQ will contact you upon completion of the draft permit. The applicant must then pay an additional \$1,000 fee to MCAQ plus newspaper publication fee to process the alternative notice.

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(note: alternative notice fee is not due upon application submittal). If “No”, public notice will be initiated at a future Air Quality Commission meeting.

## 7.0 SIGNATURE OF RESPONSIBLE COMPANY OFFICIAL

Permit applications submitted pursuant to MCAPCO Regulation 1.5212(i) shall be signed as follows. Check the applicable category:

1. For corporations, by a principal executive officer of at least the level of vice-president, or their duly authorized representative, if such representative is responsible for the overall operation of the facility from which the emissions described in the application originate or will originate;
2. For partnership or limited partnership, by a general partner;
3. For a sole proprietorship, by the proprietor; or
4. For municipal, state, federal, or other public entity, by a principal executive officer, ranking elected official, or duly authorized employee.

## 8.0 ATTACHMENTS

**THE FOLLOWING MUST BE INCLUDED OR THE APPLICATION MAY BE RETURNED:** Application Fee, Zoning Determination Letter (i.e., if the facility is new), Signature of Responsible Company Official, and the completed application.

Pursuant to MCAPCO) 1.5212(a)(6) and 1.5212(b), all applicants are required to submit the following with each permit application. If these items are not submitted, the application may be returned as “incomplete”:

1. **Application Fee** - The appropriate, non-refundable application processing fee in accordance with MCAPCO 1.5231(B) for a new or modified facility is \$250.00 (payable to Mecklenburg County Air Quality).
2. **Signature** – Signature of the responsible person or company official.
3. **Zoning Determination Letter** - The applicant must provide evidence that the new facility or expansion of an existing facility is consistent with the local zoning ordinances in accordance with NCGS 143-215.108(f) and MCAPCO 1.5212(a)(5), when the following circumstances apply:
  - a. It is a new facility or a facility that has never received an Air Quality Permit from Mecklenburg County Air Quality;
  - b. There has been a change in the facility’s zoning since the last or original zoning determination;
  - c. The facility has been annexed by the City of Charlotte or one of the surrounding towns; or
  - d. The facility expansion creates a new use or affects the facility’s zoning status according to the applicable zoning ordinances.

*Existing permitted facilities are not required to submit a zoning determination letter, unless (b), (c), or (d) above applies; however, MCAQ may request a determination if it has reason to believe (b), (c), or (d) above applies.*

The zoning determination letter can be provided in one of two ways:

- a. Issuance of a letter from the appropriate zoning official(s) describing the facility as it is described in the Air Quality Permit application (to include facility address & intended use) and stating that the facility would be consistent with applicable zoning and subdivision ordinances; or
- b. Completion of MCAQ’s “Zoning Consistency Determination Form” by the appropriate zoning official(s).

***Each permit or modification application is considered incomplete for processing until all of the aforementioned required information is received.***

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If you have questions, contact Mecklenburg County Air Quality staff at 704-336-5430 or visit the MCAQ website at <http://airquality.mecknc.gov>

Mail completed application forms to:

Mecklenburg County Air Quality  
2145 Suttle Ave  
Charlotte, NC 28208-5237

## SECTION A

A1-6H

## FACILITY (General Information)

1. GENERAL INFORMATION					
1.1 Legal Corporate/Owner Name:					
1.2 Site Name (if different from above):					
1.3 Site Address Line 1:					
Site Address Line 2:					
City:			State:		
Zip Code:			County: Mecklenburg County		
2. CONTACT INFORMATION					
<b>2.1 Responsible Company Official Contact:</b>			<b>2.2 Corporate Contact:</b>		
Name, Title:			Name, Title:		
Mailing Address Line 1:			Mailing Address Line 1:		
Mailing Address Line 2:			Mailing Address Line 2:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Phone No.:	Fax No.:		Phone No.:	Fax No.:	
E-mail Address:			E-mail Address:		
<b>2.3 Highest Ranking Local Official in Mecklenburg County:</b>			<b>2.4 Site Contact:</b>		
Name, Title:			Name, Title:		
Mailing Address Line 1:			Mailing Address Line 1:		
Mailing Address Line 2:			Mailing Address Line 2:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Phone No.:	Fax No.:		Phone No.:	Fax No.:	
E-mail Address:			E-mail Address:		
3. FACILITY INFORMATION					
3.1 Describe nature of facility operation(s):					
3.2 What date did operations begin at this location?					
3.3 SIC Code:		Description of Primary SIC Group:			
3.4 NAICS Code:		Description of Primary NAICS Group:			
3.5 Tax Code Parcel ID No.:					
3.6 Operation:		Hours/Shift:	Shifts/Day:	Days/Week:	Weeks/Year:
3.7 Is there a gasoline dispensing operation on site? <input type="checkbox"/> Yes <input type="checkbox"/> No					
4. APPLICATION CLASSIFICATION					
4.1 Facility Type:		<input type="checkbox"/> New Facility	<input type="checkbox"/> Existing Permitted Facility	<input type="checkbox"/> Existing Unpermitted Facility	
4.2 Do you claim confidentiality of data? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, please include both Public and Confidential copies and identify which one this document is by checking one of the following boxes:					
<input type="checkbox"/> Public Copy of Application			<input type="checkbox"/> Confidential Copy of Application		

**5. FIRM OR PERSON THAT PREPARED THE SUBMISSION**

Firm Name:		Person Name, Title:	
Mailing Address Line 1:		Mailing Address Line 2:	
City:	State:	Zip Code:	County:
Phone No.:	Fax No.:	E-mail Address:	

**6. ALTERNATIVE PUBLIC NOTICE PROCESSING**

**Do you request application processing using an alternative public notice published in the local newspaper?**

Yes     No

Pursuant to MCAPCO 1.5213 – “Action on Application; Issuance of Permit” and at the applicant’s expense, proposed permit application approvals may be advertised in a major local newspaper to initiate the required 15-day public comment period. Indicate your preference – if “Yes”, MCAQ will contact you upon completion of the draft permit. The applicant must then pay an additional \$1,000 fee to MCAQ plus newspaper publication fee (*alternative notice fee is not due upon application submittal*). If “No”, public notice will be initiated at a future Air Quality Commission meeting.

**7. SIGNATURE OF RESPONSIBLE COMPANY OFFICIAL**

As specified in MCAPCO Regulation 1.5212 Paragraph (i), all applications submitted shall be signed by one of the following (check applicable category):

- For Corporations:**
  - by a principal executive officer of at least the level of vice-president, or
  - by their duly authorized representative if such representative is responsible for the overall operation of the facility from which the emissions described in the application originate or will originate
- For Partnerships or Limited Partnerships, by a general partner**
- For a Sole Proprietorship, by the proprietor**
- For a municipal, state, federal, or other public entity:**
  - by a principal executive officer, or
  - by a ranking elected official, or
  - by a duly authorized employee

*The undersigned certifies that all information and statements provided in the submission, based on information and belief formed after reasonable inquiry, are true, accurate, and complete.*

<b>Name (typed/print):</b>	<b>Title:</b>
<b>X Signature:</b>	<b>Date:</b>

**8. APPLICATION ATTACHMENTS**

IF REQUIRE OR APPLICABLE, INCLUDE ATTACHMENTS TO COMPLETE THE APPLICATION SUBMITTAL

- Application Fee (required)     Signature (required)     Zoning Determination Letter (if applicable)

**Department Use Only:**

<b>Amount Paid:</b>	<b>Paid Date:</b>	<b>Department Use Only:</b>
<b>Payment Method:</b>	<b>Payment Receiver’s Initials:</b>	