

**Form 1: Relocation Notification (Application Addendum)**

Report any facility relocation according to the schedule of Condition 2.

**Facility Information:**

Permittee Name: \_\_\_\_\_ Permit No.: AQ \_\_\_\_\_

Facility Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Make & Model of the Equipment/Stationary Source to be relocated: \_\_\_\_\_

*Attach a complete list of equipment to be operated at the new location.*

Relocation Type: Pre-Approved Location (Condition 2.1)

New Location (Condition 2.2)

Unexpected Breakdown or Repair (Condition 2.3)

Location name as recorded in Table B: \_\_\_\_\_

**Estimated Operating Dates:**

Estimated start-up date: \_\_\_\_\_ Estimated shut-down date: \_\_\_\_\_

**Location Information:**

New Plant Location (street address, milepost number, etc. – Include site maps):

\_\_\_\_\_  
\_\_\_\_\_

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ (specify to at least four decimal degrees)

Distance from Plant boundary to nearest inhabited structure: \_\_\_\_\_ ft.

Nearest inhabited structure(s) are on (check one):  flat terrain  elevated terrain

If this distance is within 2,000 ft. (for rock crushers) or 1 mile (for asphalt plants), include with this addendum a dust control plan that is specific to this location and is adequate to prevent violations of Air Pollution Prohibited (Condition 11 in both MG3 and MG9 permits).

If the plant is to be located in a city or borough with zoning restrictions, please attach the location or siting approval documents from that city or borough to this form.

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Certification:**

Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached to this document are true, accurate, and complete.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*Submit Report using the electronic methods outlined in Condition 5.1 or by mail to Compliance Technician, ADEC Air Permits Program, 610 University Avenue, Fairbanks, AK 99709-3643.*