

**TAB B**

**PERMIT APPLICATION FORMS**  
**(Revised 7-09)**

# New York State Department of Environmental Conservation Air Permit Application



DEC ID										
4	-	0	1	2	4	-	0	0	0	1

APPLICATION ID OFFICE USE ONLY											
-										/	//

## Section I - Certification

Title V Certification	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information (required pursuant to 6 NYCRR 201-6.3(d)) I believe the information is, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.	
Responsible Official <b>Martin Turecky</b>	Title <b>Plant Manager</b>
Signature _____	Date _____ / _____ / _____

State Facility Certification	
I certify that this facility will be operated in conformance with all provisions of existing regulations.	
Responsible Official _____	Title _____
Signature _____	Date _____ / _____ / _____

## Section II - Identification Information

<input type="checkbox"/> Title V Facility Permit <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Significant Modification <input type="checkbox"/> Administrative Amendment <input type="checkbox"/> Renewal <input type="checkbox"/> Minor Modification	<input type="checkbox"/> State Facility Permit <input type="checkbox"/> New <input type="checkbox"/> Modification General Permit Title: _____
<input type="checkbox"/> Application involves construction of new facility <input checked="" type="checkbox"/> Application involves construction of new emission unit(s)	

Owner/Firm				
Name	Lafarge North America, Inc.			
Street Address	12950 Worldgate Drive, Suite 500			
City	Herndon	State	Virginia	Country USA Zip 20170
Owner Classification	<input type="checkbox"/> Federal <input checked="" type="checkbox"/> Corporation/Partnership	<input type="checkbox"/> State <input type="checkbox"/> Individual	<input type="checkbox"/> Municipal	Taxpayer ID 2   2   2   4   5   2   1   8   7

Facility <input type="checkbox"/> Confidential			
Name	Lafarge Building Materials, Inc. – Ravenna Plant		
Location Address	Route 9W		
<input type="checkbox"/> City / <input type="checkbox"/> Town / <input checked="" type="checkbox"/> Village	Ravenna, New York	Zip	12143

Project Description <input type="checkbox"/> Continuation Sheet(s)
Ravenna Plant Modernization Project – see attached Regulatory Analysis Report for project description. Once the project is completed, the following permitted emission units will be permanently shut down: 0-41000 (existing kilns and coolers); 0-3100 and 0-3200 (raw mills); 0-52000 and 0-54000 (finish mills 2 & 4); and 0-73000 (K – cement system).

Owner/Firm Contact Mailing Address			
Name (Last, First, Middle Initial)	L. Philip McClendon	Phone No.	(703) 480-3711
Affiliation	Lafarge North America, Inc.	Title	Legal, Sr. Vice President, General Council & Secretary
Fax No.	(703) 796-2117	Street Address	12950 Worldgate Drive, Suite 500
City	Herndon	State	VA Country USA Zip 20170

Facility Contact Mailing Address			
Name (Last, First, Middle Initial)	John F. Reagan	Phone No.	(518) 756-5026
Affiliation	Lafarge North American, Inc	Title	Env. Manager
Fax No.	(518) 756-9333	Street Address	Route 9W
City	Ravenna	State	NY Country USA Zip 12143



**New York State Department of Environmental Conservation  
Air Permit Application**



DEC ID											
4	-	0	1	2	4	-	0	0	0	0	1

<b>P.E. Certification</b>	
<p>I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments as they pertain to the <u>practice of engineering</u>. This is defined as the performance of a professional service such as consultation, investigation, evaluation, planning, design or supervision of construction or operation in connection with any utilities, structures, buildings, machines, equipment, processes, works, or projects wherein the safeguarding of life, health and property is concerned, when such service or work requires the application of engineering principals and data. Based on my inquiry of those individuals with primary responsibility for obtaining such information, I certify that the statements and information are to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.</p>	
Name of P.E.	Bruce Howie
Signature of P.E.	
Date	07/29/09
NYS License No.	081013
Phone ( )	914-993-2000

