



VARIANCE APPLICATION

Requirements of LCCO 10.15(1)

ACTIVITY IS ELIGIBLE FOR CONSIDERATION OF A VARIANCE
By checking both boxes the applicant acknowledges that the activity is eligible for consideration of a variance.

- This activity does not meet any exemption listed in [LCCO 10.5\(9\)](#).
 This activity does not meet any of the reasons for denial of variances listed in [LCCO 10.15\(e\)\(3\)](#).
 Please contact Air Quality Division (AQD) with eligibility questions (319-892-6000)

1. Name of Firm/Company: _____
2. Facility Name (if different): _____ 3. Facility Number: _____
4. Equipment Location- Street: _____
 City: _____ State: _____ Zip Code: _____
5. Mailing Address (if different): _____
 City: _____ State: _____ Zip Code: _____
6. Person to Contact: _____
7. Phone: _____ 8. Email (if available): _____
9. Type of Business or Activity: _____
10. Nature of Operation: _____
11. Pollutants that would be emitted: _____
12. Emission Unit Number(s): _____
13. Current Permit Number(s): _____
14. Describe exact location for process: _____
15. Requested Variance Start Date: _____
16. Duration of the Variance: _____

17. ENVIRONMENTAL IMPACT		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A. Will this activity result in an increase of emissions?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	B. Are the emission calculations attached to this request?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	C. Has the facility ever been modeled before? (If yes, answer question 17 D.)
		D. When was modeling completed and for what pollutants?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	E. If modeling was conducted to support this request, has it been submitted to AQD?

18. REASON(S) FOR REQUEST			
<input type="checkbox"/>	Stack test waiver, extension of testing timeline, representative testing that isn't included in a permit	<input type="checkbox"/>	Alternate fuel burns, fuel additives
<input type="checkbox"/>	Requests to exceed short term or long term emission limits, VOC/HAP content limits	<input type="checkbox"/>	Physically modify or construct before obtaining permit – will obtain/modify permit
<input type="checkbox"/>	Install and operate temporary equipment – will not be obtaining permit	<input type="checkbox"/>	Permit conditions: operating limits, hours, VOC content – will obtain/modify permit

<input type="checkbox"/>	Temporary process change, operating limit exceedance, new raw material, etc. – will not be modifying permit (this is for changes that would trigger a permit modification; if it's something that can be done under existing permit, no variance is required)	<input type="checkbox"/>	Variance from permit conditions or from the requirement to obtain a permit, if the activity isn't covered under any of the other categories. Example: extending the construction timeline for new construction. Check this box if the variance request covers activities from more than one category.
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The reason or reasons for considering that compliance with the provisions specified in LCCO will produce serious hardship without equal or greater benefits to the public, and the reasons why no other reasonable method can be used for such operations without resulting in a hazard to health or property:

19. PREVIOUS VARIANCE REQUESTS

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has your company made a similar request before at one or more locations within Iowa?
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20. CONSTRUCTION PERMIT HAS BEEN SUBMITTED

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If applicable, has a construction permit application been submitted for a new permit or to modify the existing permit(s) associated with this request?
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21. RESPONSIBLE OFFICIAL CERTIFICATION

I certify that based on information and belief formed after reasonable inquiry, this notification, including the attachments (if applicable) are true, accurate, and complete.

Responsible Official's Name _____ Mr. Ms. Dr.

Responsible Official's Position Title _____

RESPONSIBLE OFFICIAL SIGNATURE _____ **Date** _____