

Zoning Consistency Determination

Facility Name _____

Facility Street Address _____

Facility City _____

Description of Process _____

SIC Code/NAICS _____

Facility Contact _____

Phone Number _____

Mailing Address _____

Mailing City, State Zip _____

Based on the information given above:

- ☐ I have received a copy of the air permit application (draft or final) AND...

- ☐ There are no applicable zoning and subdivision ordinances for this facility at this time.
- ☐ The proposed operation IS consistent with applicable zoning and subdivision ordinances.
- ☐ The proposed operation IS NOT consistent with applicable zoning and subdivision ordinances. (Please include a copy of the relevant rules when submitting this form to AB Air Quality.)
- ☐ The determination is pending further information and can not be made at this time.
- ☐ (Other) _____

Agency _____

Name of Designated Official _____

Title of Designated Official _____

Signature _____

Date _____

Please forward to the facility listed above and to the:

Asheville-Buncombe Air Quality Agency
P.O. Box 2749
Asheville, NC 28802

(828) 250-6777

FAX: (828) 250-6222