



# Air Variance Request



Date

MM

DD

YY

Agency Interest (AI#)

Company Name

Name of Client

Physical Address

Occupation

City, Zip, Parish

City

Zip

Parish

Contact Name and Title

Purpose of Variance

Describe the extenuating circumstances that required the variance.

Is the variance providing a waiver from an applicable state regulation or permit term or condition?

Yes

No

Indicate reg. term or condition

Provide information for each ID No.

ID No.

Description

Max Operating Rate

Tank Capacity

Operating Time

Indicate the emission increases per variance

Pollutants

Tons

PM 10

PM 2.5

SO<sub>2</sub>

NO<sub>x</sub>

Co

VOC

TAP<sub>1</sub>

TAP<sub>2</sub>

TAP<sub>3</sub>



*Provide information for each ID No.*

ID No.		Description	
Max Operating Rate		Tank Capacity	Operating Time

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