



Notice of Intent to Construct



Under 20.11.41.13B NMAC, the owner/operator is required to provide public notice by certified mail or electronic mail to the designated representative(s) of the recognized neighborhood associations and recognized coalitions that are within one-half-mile of the exterior boundaries of the property on which the source is or is proposed to be located if they propose to construct or establish a new facility or make modifications to an existing facility that is subject to 20.11.41 NMAC – Construction Permits. **A copy of this form must be included with the application.**

Applicant's name and address:

Nombre y domicilio del solicitante: _____

Owner or operator's name and address:

Nombre y domicilio del propietario u operador: _____

Actual or estimated date the application will be submitted to the department:

Fecha actual o estimada en que se entregará la solicitud al departamento: _____

Description of the source:

Descripción de la fuente: _____

Exact location of the source or proposed source:

Ubicación exacta de la fuente o fuente propuesta: _____

Nature of business:

Tipo de negocio: _____

Process or change for which the permit is requested:

Proceso or cambio para el cuál de solicita el permiso: _____

Preliminary estimate of the maximum quantities of each regulated air contaminant the source will emit:

Estimación preliminar de las cantidades máximas de cada contaminante de aire regulado que la fuente va a emitir:

Air Contaminant <i>Contaminante de aire</i>	Proposed Construction Permit <i>Permiso de Construcción Propuesto</i>		Net Changes <i>(for permit modification or technical revision)</i> <i>Cambio Neto de Emisiones</i> <i>(para modificación de permiso o revisión técnica)</i>	
	pounds per hour <i>libras por hora</i>	tons per year <i>toneladas por año</i>	pounds per hour <i>libras por hora</i>	tons per year <i>toneladas por año</i>
CO				
NOx				
VOC				
SO2				
PM10				
PM2.5				

HAP				
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Maximum operating schedule:

Horario máximo de operaciones: _____

Normal operating schedule:

Horario normal de operaciones: _____

Current contact information for comments and inquires:

Datos actuales para comentarios y preguntas:

Name (*Nombre*): _____

Address (*Domicilio*): _____

Phone Number (*Número Telefónico*): _____

E-mail Address (*Correo Electrónico*): _____

If you have any comments about the construction or operation of the above facility, and you want your comments to be made part of the permit review process, you must submit your comments in writing to the address below:

Environmental Health Manager
Permitting Division
Albuquerque Environmental Health Department
Air Quality Program
P.O. Box 1293
Albuquerque, New Mexico 87103
(505) 768-1972

Other comments and questions may be submitted verbally.

Please refer to the company name and facility name, as used in this notice or send a copy of this notice along with your comments, since the Department may not have received the permit application at the time of this notice. Please include a legible mailing address with your comments. Once the Department has performed a preliminary review of the application and its air quality impacts, if required, the Department's notice will be published on the City of Albuquerque's website, <https://www.cabq.gov/airquality/air-quality-permits> and sent to neighborhood associations and neighborhood coalitions near the facility location or near the facility proposed location.