



SECTION 1 - FACILITY IDENTIFICATION

SC Air Permit Number (8-digits only) <i>(Leave blank if one has never been assigned)</i> -	Application Date 06/01/23 (revised 07/01/24)
Facility Name/Legal Identity <i>(This should be the official legal name under which the facility is owned/operated and should be consistent with the name registered with the S.C. Secretary of State's office, as applicable.)</i> Silfab Solar	
Facility Site Name (Optional) <i>(Please provide any alternative or additional identifier of the facility, such as a specific plant identifier (e.g., Columbia plant) or any applicable "doing business as" (DBA) identity. This name will be listed on the permit and used to identify the facility at the physical address listed below.)</i>	
Facility Federal Tax Identification Number <i>(Established by the U.S. Internal Revenue Service to identify a business entity)</i> 30-1127398	

REQUEST TYPE (Check all that apply)	
Exemption Request: <input type="checkbox"/> Complete Section 1 and attach documentation to support exemption request.	
Construction Application: <input type="checkbox"/> Minor New Source Review Project <input checked="" type="checkbox"/> Synthetic Minor Project <input type="checkbox"/> Prevention of Significant Deterioration Project <input type="checkbox"/> 112(g) Project	
Expedited Review Request: <input checked="" type="checkbox"/> If checked, include <u>Expedited Form D-2212</u> in the construction application package.	
Construction Permit Modification: <input type="checkbox"/> Provide the construction permit ID (e.g. CA, CB, etc.) for which modification is requested:	
Application Revision: <input type="checkbox"/>	

CONSTRUCTION PERMIT APPLICATION FORMS BEING REVISED		
<i>(Amended construction permit forms must be filled out completely and attached to this modification request.)</i>		
Form #	Date of Original Submittal	Brief Description of Revision
D2566	06-01-23	Update to separate emissions by phase
D2573	06-01-23	Update to separate emissions and stack parameters by phase

FACILITY PHYSICAL ADDRESS		
Physical Address: 7149 Logistics Lane		County: York
City: Fort Mill	State: SC	Zip Code: 29715
Facility Coordinates <i>(Facility coordinates should be based at the front door or main entrance of the facility)</i>		
Latitude: 35 4' 13.289" North		Longitude: 80 56' 48.25" West



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FACILITY'S PRODUCTS / SERVICES	
Primary Products / Services <i>(List the primary product and/or service)</i> Manufacture residential solar panels	
Primary <u>SIC Code</u> <i>(Standard Industrial Classification Codes)</i> 3674	Primary <u>NAICS Code</u> <i>(North American Industry Classification System)</i> 334413
Other Products / Services <i>(List other products and/or services)</i>	
Other SIC Code(s):	Other NAICS Code(s):

PROJECT DESCRIPTION
Project Description (What, why, how, etc.): Silfab Solar will construct a solar panel manufacturing facility.

AIR PERMIT FACILITY CONTACT			
<i>(Person listed will be in our files as the point of contact for all air permitting related questions and will receive all air permitting notifications.)</i>			
Title/Position: Plant Facilities Director	Salutation: Mr.	First Name: Matthew	Last Name: Korzelius
Mailing Address: 7149 Logistics Lane			
City: Fort Mill	State: SC	Zip Code: 29715	
E-mail Address: m.korzelius@silfabsolar.com	Primary Phone No.: (716)-949-0241	Alternate Phone No.: (716)-225-6822	

The signed permit will be e-mailed to the designated Air Permit Contact. If additional individuals need copies of the permit, please provide their names and e-mail addresses.	
Name	E-mail Address
Alex Ghusein	a.ghusein@silfabsolar.com
Treff MacDonald	t.macdonald@silfabsolar.com

CONFIDENTIAL INFORMATION / DATA
Is <u>confidential information</u> or data being submitted under separate cover? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes*

If yes, submit **ONLY ONE COMPLETE CONFIDENTIAL APPLICATION, with original signature, along with the public version of the application.*

CO-LOCATION DETERMINATION
Are there other facilities in close proximity that could be considered collocated? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes*
If yes, list potential collocated facilities, including air permit numbers if applicable:

**If yes, please submit collocation applicability determination details in an attachment to this application.*