SUBMITTED APPLICATION REPORT APPLICATION FOR AIR PERMIT - LONG FORM

--- Form Effective 03/11/10 ---

Application Number: 3664-1

Application Name: BAYSIDE TITLE V PERMIT RENEWAL

Date Submitted: 20 January 2014

Owner/Authorized Representative Statement

Complete if applying for an air construction permit or an initial FESOP.

1.	Owner/Authorized Representative Name : BYRON BURROWS	Owner/Authorized Representative Job Title: MANAGER-AIR PROGRAMS	
2.	Owner/Authorized Representative Mailing Address		
	Organization/Firm: TAMPA-ELECTRIC COMPANY		
	Street Address: 702 N. FRANKLIN ST.		
	City: TAMPA S	State: FL	Zip Code: 33602
3.	Owner/Authorized Representative Telephone Numbers		
	Telephone: (813)228-1282 ext.	Fax: () -	
4.	Owner/Authorized Representative E-mail Address: BTBURROWS@TECOENERGY.COM		
5.	Owner/Authorized Representative Statement:		
<	I, the undersigned, am the owner or authorized representative of the corporation, partnership, or other legal entity submitting this air permit application. To the best of my knowledge, the statements made in this application are true, accurate and complete, and any estimates of emissions reported in this application are based upon reasonable techniques for calculating emissions. I understand that a permit, if granted by the department, cannot be transferred without authorization from the department.		
	Signature	Dat	e

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Application Responsible Official Certification

Complete if applying for an initial, revised, or renewal Title V air operation permit or concurrent processing of an air construction permit and revised or renewal Title V air operation permit. If there are multiple responsible officials, the "application responsible official" need not be the "primary responsible official."

1.	Application Responsible Official Name: FRANK BUSOT			
2.	Application Responsible Official Qualification (Check one or more of the following options, as applicable):			
	For a corporation, the president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit under Chapter 62-213, F.A.C.			
	For a partnership or sole proprietorship, a general partner or the proprietor, respectively.			
	For a municipality, county, state, federal, or other public agency, either a principal executive officer or ranking elected official.			
	The designated representative at an Acid Rain source or CAIR source.			
3.	Application Responsible Official Mailing Address Organization/Firm: TAMPA ELECTRIC COMPANY			
	Street Address: P.O. BOX 111			
	City: TAMPA State: FL Zip Code: 33601-0111			
4.	Application Responsible Official Telephone Numbers Telephone: (813)627-2800 ext. Fax: () -			
5.	Application Responsible Official E-mail Address: FLBUSOT@TECOENERGY.COM			

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6. Application Responsible Official Certification:

I, the undersigned, am a responsible official of the Title V source addressed in this air permit application. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this application are true, accurate and complete and that, to the best of my knowledge, any estimates of emissions reported in this application are based upon reasonable techniques for calculating emissions. The air pollutant emissions units and air pollution control equipment described in this application will be operated and maintained so as to comply with all applicable standards for control of air pollutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof and all other applicable requirements identified in this application to which the Title V source is subject. I understand that a permit, if granted by the department, cannot be transferred without authorization from the department, and I will promptly notify the department upon sale or legal transfer of the facility or any permitted emissions unit. Finally, I certify that the facility and each emissions unit are in compliance with all applicable requirements to which they are subject, except as identified in compliance plan(s) submitted with this application.

Signature

Date