

Revision Application for an Existing New Source Review Permit

This form is to be used for a New Source Review permit revision as described in RCSA section 22a-174-2a(f). Submit one application form for each permit to be revised.

Complete this form in accordance with CGS section 22a-174, RCSA sections 22a-174-1, 2a and 3a and the instructions (DEEP-NSR-INST-200R) to ensure the proper handling of your application. Print or type unless otherwise noted. You must submit the fee along with this form.

CPPU USE ONLY
App #:
Doc #:
Check #:
Program/El/App Type: Air Engineering/NSR/Revision

Questions? Visit the Air Permitting web page or contact the Air Permitting Engineer of the Day at 860-424-4152.

Applicant Name		
Town Where Site is Located	Existing Town-Permit Nos.	

Part I: Fee Information

There are two options available for payment. **Option 1:** Submit the full permit revision fee of \$1,750.00, which includes the \$940.00 application fee, with this application form. This option will shorten the permit process. **Option 2:** Submit only an application fee of \$940.00 with this application form and be billed the balance of the permit revision fee at a later date.

The fee for a municipality is 50% of the above listed rate. The application will not be processed until DEEP receives the application fee. The fee shall be paid by check or money order to the Department of Energy and Environmental Protection. There is no fee to correct a clerical error made by the Department.

Fee Type (Check One Only)	Option 1	Permit Revision fee = \$1,750 [#195 + #209] (< major emitting equipment) Permit Revision fee = \$1,750 [#195 + #208] (major emitting equipment)		
	Option 2	Application fee only = \$940 [#195] (Permit fee balance will be billed later.)		
	Department Clerical Error	☐ No fee [#1485]		
Municipality (Any Town, City or Borough)	☐ No ☐ Yes, 50% disc	count		

Part II: Applicant Information

- If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the applicant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp.)
- If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).
- If there are any changes or corrections to your company/facility or individual mailing or billing address or contact
 information, please complete and submit the <u>Request to Change Company/Individual Information</u> to the address indicated
 on the form. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office
 of Planning and Program Development (OPPD) at 860-424-3003. For any other changes you must contact the specific
 program from which you hold a current DEEP license.

1.	APPLICANT INFORMATION						
	Applicant Name	Check at least one: equipment owner equipment operator The applicant must be either the owner or operator of the equipment.					ator
	Mailing Address						
	City/Town			State		Zip Code	
	Business Phone No.			Extension No			
	Contact Person						
	Title						
	E-mail	By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to chec your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.					mber to check
			business entity federal agency	☐ municipality ☐ state agence		☐ individua	al
	Applicant Type	entity:	Business Type	☐ corporation ☐ limited partne ☐ statutory trus	ership 🗌 I	imited liability of imited liability pa Other:	· •
		If a business	Secretary of the State Business ID No.	☐ Check here if your business is NOT registered with the Secretary of State's office.			
	Applicant's Interest in Property at which the Proposed Activity is to be Located	site owner option holder lessee easement holder Other:					
	Are there co-applicants?	☐ Yes ☐ No If "Yes", attach additional sheet(s) with the required information as above.					
	Did the Applicant attend a Pre- Application Meeting with DEEP air staff?		No Yes, Pre-Application Me	· ·	e of Meeting: Staff Name(s)		

Part II: Applicant Information (continued)

2.	PRIMARY CONTACT FOR DEPARTMENTAL CORRESPONDENCE AND INQUIRIES (if different than the applicant)							
	Name							
	Title							
	Company/Individual Name							
	Mailing Address							
	City/Town			State		Zip Code		
	Business Phone No.			Extension No.				
	E-mail							
	By providing this e-mail address you are ag subject application. Please remember to ch please notify DEEP if your e-mail address of	eck your security	official correspon settings to be sui	dence from DEEP, re you can receive of	at this electron ' e-mails from '	onic address, con "ct.gov" addresse	cerning the s. Also,	
3.	EQUIPMENT OWNER OR EQUIPMENT	NT OPERATOR						
(on	ly complete if applicant is not both e	quipment owne	er and operato	r)				
	Name	Check one:	☐ equipme	nt owner		equipment ope	rator	
	Title							
	Company/Individual Name							
	Mailing Address							
	City/Town			State		Zip Code		
	Business Phone No.			Extension No.				
	E-mail							
4.	ENGINEER(s) OR CONSULTANT(s) (if different than the applicant)	EMPLOYED OR	RETAINED T	O ASSIST IN PR	EPARING '	THIS APPLICA	TION	
	Name							
	Title							
	Company/Individual Name							
	Mailing Address							
	City/Town			State		Zip Code		
	Business Phone No.			Extension No.				
	E-mail							
	Service Provided							

 $\hfill\square$ Check here if additional sheets are necessary. Label and attach them to this sheet.

Part III: Permit Revision Information

1.	SITE NAME AND LOCATION						
	Name of Site						
	Street Address or Location Description						
	City/Town			State		Zip Code	
2.	EXISTING PERMIT NO.						
3.	TYPE OF REVISION (check all that apply)	 □ Correcting a clerical error made by the Department □ Revising the address or phone number of any person identified in such permit, or making another revision reflecting a similarly minor administrative change at or concerning the subject source □ Requiring more frequent or additional monitoring, record keeping or reporting □ Implementing a fuel conversion described in RCSA section 22a-174-3a(a)(2)(A)(iii) or (iv). 					
4.	DESCRIPTION OF REVISION						

Note: Pursuant to RCSA section 22a-174-2a(f)(4), upon submitting to the commissioner a written request for a permit revision under RCSA section 22a-174-2a(f), a permittee may make changes as set forth in such request.

Part IV: Attachments

Check the applicable box below for each attachment being submitted with this application form. All referenced forms may be accessed electronically, in WORD and PDF versions, on the <u>Air Emissions Permits</u> webpage. Check all that apply.

If any of the following are true	Attach	Required?	Attached
Permit is being revised	Marked up copy of the current NSR permit noting proposed changes Use redline to delete language and uppercase font to add proposed new language	Required	
Implementing a fuel conversion	Fuel Burning Equipment Form (DEEP-NSR-APP-202)	If Applicable	

Part V: Applicant Certification

The authorized representative **and** the individual(s) responsible for actually preparing the application must sign this part. An application will be considered insufficient unless all required signatures are provided.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that any false statement made in the submitted information may be punishable as a criminal offense under section 22a-175 of the Connecticut General Statutes, under section 53a-157b of the Connecticut General Statutes, and in accordance with any applicable statute.						
I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text."						
APPLICANT:						
Signature of Applicant		Date				
Name of Applicant (print or type)						
Title (if applicable)						
PREPARER:						
Signature of Preparer		Date				
Name of Preparer (print or type)						
Title (if applicable)						

Note: Please submit the completed Application Form, Fee, and all Supporting Documents to:

CENTRAL PERMIT PROCESSING UNIT DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION 79 ELM STREET HARTFORD, CT 06106-5127

A public notice of permit application is **not** required for a permit revision application.