**CPPU USE ONLY**

**App #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doc #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program/EI/App Type:**

**Air Engineering/NSR/Minor Modification**



# 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).](https://eregulations.ct.gov/eRegsPortal/Browse/RCSA/Title_22aSubtitle_22a-174Section_22a-174-2a/) 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.

Questions? Visit the [Air Permitting](https://portal.ct.gov/DEEP/Air/Permits/Air-Permits) web page or contact the Air Permitting Engineer of the Day at [DEEP.BAM.AirPermits@ct.gov](mailto:DEEP.BAM.AirPermits@ct.gov) or 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% discount | |

## 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 Records Search. (*[*https://service.ct.gov/business/s/onlinebusinesssearch*](https://service.ct.gov/business/s/onlinebusinesssearch)*)*
* *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* [*Request to Change Company/Individual Information*](https://portal.ct.gov/DEEP/Permits-and-Licenses/Common-Forms) *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* [*DEEP.OPPD@ct.gov*](mailto:DEEP.OPPD@ct.gov) *or 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.* | | | | | | | |
| **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 check 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. | | | | | | | |
| **Applicant Type** | business entity  municipality  individual  federal agency  state agency  tribal | | | | | | | |
| **If a business entity:** | **Business Type** | corporation  limited liability company  limited partnership  limited liability partnership  statutory trust  Other: | | | | | |
| **Secretary of the State Business ID No.** | Check here if your business is **NOT** registered with the Secretary of State’s office. | | | | | |
| *This information can be accessed at the Secretary of State's Records Search. (*[*https://service.ct.gov/business/s/onlinebusinesssearch*](https://service.ct.gov/business/s/onlinebusinesssearch)*)* | | | | | | |
| **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 Meeting: Date of Meeting:  Air 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 agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check 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. | | | | | | |
| **3. EQUIPMENT OWNER OR EQUIPMENT OPERATOR (only complete if applicant is not both equipment owner and operator)** | | | | | | |
| **Name** | Check one:  equipment owner  equipment operator | | | | | |
| **Title** |  | | | | | |
| **Company/Individual Name** |  | | | | | |
| **Mailing Address** |  | | | | | |
| **City/Town** |  | **State** |  | | **Zip Code** |  |
| **Business Phone No.** |  | **Extension No.** | |  | | |
| **E-mail** |  | | | | | |
| **4. ENGINEER(s) OR CONSULTANT(s) EMPLOYED OR RETAINED TO ASSIST IN PREPARING THIS APPLICATION   (if different than the applicant)** | | | | | | |
| **Name** |  | | | | | |
| **Title** |  | | | | | |
| **Company/Individual Name** |  | | | | | |
| **Mailing Address** |  | | | | | |
| **City/Town** |  | **State** |  | | **Zip Code** |  |
| **Business Phone No.** |  | **Extension No.** | |  | | |
| **E-mail** |  | | | | | |
| **Service Provided** |  | | | | | |

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 [Air Emissions Permits](https://portal.ct.gov/DEEP/Permits-and-Licenses/Air-Emissions-Permits-and-General-Permits) 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)** |  | | |

**Submit one hardcopy and one electronic copy of the completed and signed application package.**

**The hardcopy of the completed and signed application package shall be submitted to:**

CENTRAL PERMIT PROCESSING UNIT

DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION

79 ELM STREET

HARTFORD, CONNECTICUT 06106-5127

**The electronic copy of the completed and signed application form shall be submitted to**: [DEEP.BAM.AirPermits@ct.gov](mailto:DEEP.BAM.AirPermits@ct.gov). Where the file size of attachments exceed the allowable limit, please contact [DEEP.BAM.AirPermits@ct.gov](mailto:DEEP.BAM.AirPermits@ct.gov) to arrange an alternate method of submitting the electronic copy.

Your application is not considered received by the Department until the hardcopy of the completed and signed application is submitted to the address above.