

# 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 <u>22a-174-2a(f)</u>. Submit one application form for each permit to be revised.

| CPPU USE ONLY  |    |
|--|----|
| App #:   |    |
| Doc #:   |    |
| Check #:   |    |
|  |    |
| Program/El/App Type:<br>Air Engineering/NSR/Minor Modification | on |

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 <u>Air Permitting</u> web page or contact the Air Permitting Engineer of the Day at 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<br>(Check One Only)                | Option 2  Department                 | (major emitting equipment)  ☐ Application fee only = \$940 [#195] (Permit fee balance will be billed later.)  ☐ No fee [#1485] |
|---|--------------------------------------|--|
| Municipality<br>(Any Town, City or Borough) | Clerical Error  ☐ No ☐ Yes, 50% disc |  |

### 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)
- 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 <u>DEEP.OPPD@ct.gov</u> 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   | DEE<br>your   | roviding this e-mail addres<br>P, at this electronic addres<br>security settings to be sur<br>y DEEP if your e-mail addr | ss, concerning the subject<br>e you can receive e-mail      | ct applicat             | tion. Please remer                                     | mber to check |
|    |  |   | business entity<br>federal agency  | ☐ municipality ☐ state agency                               |                         | ☐ individua  | al            |
|    | Applicant Type   | entity:   | Business Type  | □ corporation     □ limited partnersh     □ statutory trust | ip 🗌 I                  | limited liability of<br>limited liability pa<br>Other: | · ·           |
|    |  | a business entity:  | Secretary of the State Business ID No.   | ☐ Check here if yo the Secretary of Stat                    | ur busine<br>e's office | ess is <b>NOT</b> regis                                | stered with   |
|    |  | If  | This information can be (https://service.ct.gov/bu   |   |                         | e's Records Searc                                      | h.            |
|    | Applicant's Interest in Property at which the Proposed Activity is to be Located |   | site owner<br>easement holder<br>Other:  | option holder   |                         | lessee   |               |
|    | Are there co-applicants?   | ☐ Yes ☐ No If "Yes", attach additional sheet(s) with the required information as above.                                       |  |   |                         |  |               |
|    | Did the Applicant attend a Pre-<br>Application Meeting with DEEP air<br>staff?   | P air  No  Yes, Pre-Application Meeting:  Date of Meeting:  Air Staff Name(s):  |  |   |                         |  |               |

## Part II: Applicant Information (continued)

| 2. | PRIMARY CONTACT FOR DEPART  | MENTAL CODE        | PESPONDENCI  | E AND INCLUDIE | C /if diffor  | ont than the an | nlicant\  |
|----|---|--------------------|--------------|----------------|---------------|-----------------|-----------|
| ۷. | Name  | WIENTAL CORT       | (LOF ONDENO  | L AND INCOMIL  | 5 (II dillere | ent than the ap | plicality |
|    | Title   |                    |              |                |               |                 |           |
|    | Company/Individual Name   |                    |              |                |               |                 |           |
|    | Mailing Address   |                    |              |                |               |                 |           |
|    |   |                    |              | 04-4-          |               | 7:- 0 - d -     |           |
|    | City/Town   |                    |              | State          |               | Zip Code        |           |
|    | Business Phone No.  |                    |              | Extension No.  |               |                 |           |
|    | E-mail  |                    |              |                |               |                 |           |
|    | By providing this e-mail address you are ag<br>subject application. Please remember to ch<br>please notify DEEP if your e-mail address of | neck your security |              |                |               |                 |           |
| 3. | EQUIPMENT OWNER OR EQUIPME (only complete if applicant is not be  |                    |              | erator)        |               |                 |           |
|    | 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 O         | R 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  |                    |              |                |               |                 |           |

☐ 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 Revising the address or permit, or making anoth administrative change a Requiring more frequen reporting  Implementing a fuel con 3a(a)(2)(A)(iii) or (iv). | phone n<br>er revision<br>t or conc<br>t or addit | umber of<br>on reflection<br>erning the<br>ional mor | any person ide<br>ng a similarly n<br>e subject sourc<br>nitoring, record | ninor<br>e<br>keeping or |
| 4. | DESCRIPTION OF REVISION  |  |   |   |  |   |                          |
|    |  |  |   |   |  |   |                          |
|    | <b>Note:</b> 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. |  |   |   | for a permit   |   |                          |

### 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<br>(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:

<u>DEEP.BAM.AirPermits@ct.gov</u>. Where the file size of attachments exceed the allowable limit, please contact <u>DEEP.BAM.AirPermits@ct.gov</u> 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.