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|---|
| CPPU USE ONLY   |
| Title V App No.: _____  |
| Doc #: _____  |
| Program/EI/App Type:<br>Air Engineering/ <b>Title V</b> /Minor Modification |

## Minor Modification Application for an Existing Title V Permit

Complete this form in accordance with the instructions (DEEP-TV-INST-100MM) to ensure the proper handling of your application. Print or type unless otherwise noted. **There is no fee required.** [#1868]

This form is to be used for a Title V minor modification as described in [RCSA section 22a-174-2a\(e\)](#).

Questions? Visit the [Air Permitting 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.

### Part I: Permit Information

|  |  |                 |  |
|--|--|-----------------|--|
| Applicant Name   |  |                 |  |
| Indicate the permit number and the expiration date of the permit to be modified. |  |                 |  |
| Title V Town-Permit No.  |  | Expiration Date |  |

### 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. 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 [Request to Change Company/Individual Information](#) 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.

## Part II: Applicant Information

| 1. APPLICANT INFORMATION   |  |   |   |          |  |
|--|--|---|---|----------|--|
| Applicant Name   |  |   |   |          |  |
| Mailing Address  |  |   |   |          |  |
| City/Town  |  | State   |   | Zip Code |  |
| Business Phone No.   |  | Extension No.   |   |          |  |
| Contact Person   |  |   |   |          |  |
| Title  |  |   |   |          |  |
| Email  |  | <p>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.</p> |   |          |  |
| Applicant Type   |  | <input type="checkbox"/> business entity <input type="checkbox"/> municipality <input type="checkbox"/> individual<br><input type="checkbox"/> federal agency <input type="checkbox"/> state agency <input type="checkbox"/> tribal   |   |          |  |
|  |  | If a business entity:   | Business Type   |          | <input type="checkbox"/> corporation <input type="checkbox"/> limited liability company<br><input type="checkbox"/> limited partnership <input type="checkbox"/> limited liability partnership<br><input type="checkbox"/> statutory trust <input type="checkbox"/> Other: |
|  |  |   | Secretary of the State business ID No.  |          | <input type="checkbox"/> Check here if your business is <b>NOT</b> registered with the Secretary of State's office.  |
|  |  |   | <i>This information can be accessed at the Secretary of State's Records Search. (<a href="https://service.ct.gov/business/s/onlinebusinesssearch">https://service.ct.gov/business/s/onlinebusinesssearch</a>)</i> |          |  |
| Applicant's interest in property at which the proposed activity is to be located                   |  | <input type="checkbox"/> site owner <input type="checkbox"/> option holder <input type="checkbox"/> lessee<br><input type="checkbox"/> easement holder<br><input type="checkbox"/> Other:   |   |          |  |
| Are there co-applicants?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes", attach additional sheet(s) with the required information as above.  |   |          |  |
| Did the Applicant attend a Pre-Application Meeting with DEEP air staff?                            |  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes, Pre-Application Meeting:    Date of Meeting:<br>Air Staff Name(s):   |   |          |  |
| 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.   |   |          |  |
| Email  |  |   |   |          |  |

**Part II: Applicant Information (continued)**

| 3. AUTHORIZED REPRESENTATIVE SIGNING THIS APPLICATION   |  |               |  |          |
|---|--|---------------|--|----------|
| Name  |  |               |  |          |
| Title   |  |               |  |          |
| Company/Individual Name   |  |               |  |          |
| Mailing Address   |  |               |  |          |
| City/Town   |  | State         |  | Zip Code |
| Business Phone No.  |  | Extension No. |  |          |
| Email   |  |               |  |          |
| Effective Date of Authorization   |  |               |  |          |
| 4. ENGINEER(s) OR CONSULTANT(s) EMPLOYED OR RETAINED TO ASSIST IN PREPARING THIS APPLICATION<br>(If different than the applicant) |  |               |  |          |
| Name  |  |               |  |          |
| Title   |  |               |  |          |
| Company/Individual Name   |  |               |  |          |
| Mailing Address   |  |               |  |          |
| City/Town   |  | State         |  | Zip Code |
| Business Phone No.  |  | Extension No. |  |          |
| Email   |  |               |  |          |
| Service Provided  |  |               |  |          |

Check here if additional sheets are necessary. Label and attach them to this sheet.

### Part III: Permit Modification Information

| 1. SITE NAME AND LOCATION  |  |   |          |  |
|--|--|---|----------|--|
| Name of Site   |  |   |          |  |
| Street Address or Location Description   |  |   |          |  |
| City/Town  |  | State   | Zip Code |  |
| 2. TYPE OF MODIFICATION<br>(check all that apply)  |  | <input type="checkbox"/> Any modification not covered by permit revisions in RCSA sections 22a-174-2a(f)(2)(A) to (F), inclusive.<br><input type="checkbox"/> Any modification allowed pursuant to the Title V minor permit modification criteria pursuant to 40 CFR §§70.7(e)(2)(i)(A)(1) to (6), inclusive, as amended from time to time. |          |  |
| 3. DESCRIPTION OF MODIFICATION   |  |   |          |  |
| <p>Include a description of the proposed modification, the basis for such modification, any proposed monitoring procedures, any increase in potential emissions resulting from the proposed modification, and an identification of all regulatory, statutory, or otherwise applicable requirements that would become applicable as a result of such modification.</p>  |  |   |          |  |
| <p><b>Note:</b> Pursuant to RCSA section 22a-174-2a(e)(3)(C), subject to limitations specified in RCSA section 22a-174-2a(e)(5)(F), a permittee may implement the modifications proposed in the minor permit modification application no less than 21 days after filing a complete application with the commissioner, unless the commissioner notifies the applicant prior to the end of the twenty-one-day period that the modifications may not be implemented until such time as defined by the commissioner in the notification. If twenty-one days have passed since filing a complete application and the commissioner has not notified the permittee, the permittee shall comply with the terms and conditions of the proposed modified permit and the terms and conditions of the existing permit that are not being modified, until the commissioner issues or denies the proposed modified permit.</p> |  |   |          |  |

### 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 Permits Webpage](#). Check all that apply.

| If any of the following are true...   | Attach...  | Required?     | Attached                 |
|---|--|---------------|--------------------------|
| Permit is being modified  | Marked up copy of the current Title V and/or Title IV permit noting proposed changes. Use redline to delete language and uppercase font to add proposed new language. Attach only the pages with such changes. | Required      | <input type="checkbox"/> |
|   | Documentation to support the proposed changes.   | Required      | <input type="checkbox"/> |
|   | <a href="#">Applicant Compliance Information</a> (DEEP-APP-002)  | Required      | <input type="checkbox"/> |
| The name of the authorized representative of the Permittee has changed since the last Written Authorization approval <i>and</i> the applicant is a municipality or corporation. | <a href="#">Written Authorization Form RCSA section 22a-174-2a(a)</a> (DEEP-TV-SIG-REG-002)  | If Applicable | <input type="checkbox"/> |

**Part V: Applicant Certification**

The applicant *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered incomplete unless all required signatures are provided **and are the proper signatory authority as specified under Part VI in the instructions.**

**“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.**

**I certify that I have complied with all notice requirements as listed in section 22a-6g of the General Statutes.”**

**APPLICANT:**

|  |  |             |  |
|--|--|-------------|--|
| <b>Signature of Applicant</b>            |  | <b>Date</b> |  |
| <b>Name of Applicant (print or type)</b> |  |             |  |
| <b>Title (if applicable)</b>             |  |             |  |
| <b>PREPARER:</b>                         |  |             |  |
| <b>Signature of Preparer</b>             |  | <b>Date</b> |  |
| <b>Name of Preparer (print or type)</b>  |  |             |  |
| <b>Title (if applicable)</b>             |  |             |  |

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

**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.

**A copy of the completed and signed application package shall also be submitted to:**

EPA REGION I  
 5 POST OFFICE SQUARE – SUITE 100  
 MAIL CODE OEP05-02  
 BOSTON, MASSACHUSETTS 02109-3912