



Connecticut Department of Energy & Environmental Protection

Revision Application for an Existing Title V or Title IV Permit

Complete this form in accordance with the instructions (DEEP-TV-INST-100R) to ensure the proper handling of your application. Print or type unless otherwise noted. **There is no fee required.**
[#1870]

CPPU USE ONLY
Title V App No.: _____
Title IV App No.: _____
Doc #: _____
Program/EI/App Type: Air Engineering/ Title V /Revision Air Engineering/ Title IV /Revision

This form is to be used for a Title V or Title IV permit revision as described in [RCSA section 22a-174-2a\(f\)](#). **EXCEPT** to reflect a transfer in ownership or operation control (license transfer) pursuant to RCSA section 22a-174-2a(f)(2)(E). If a license transfer of a Title V or Title IV permit is required, complete [License Transfer Form](#) (DEEP-APP-006) and submit it as directed.

Questions? Visit the [Air Permitting web page](#) or contact the Air Permitting Engineer of the Day at DEEP.BAM.AirPermits@ct.gov or 860-424-4152.

Part I: Permit Information

Applicant Name			
Indicate the permit number(s) and the expiration date of the permit(s) to be revised. <i>If your Title IV permit has been fully incorporated into your Title V permit and you no longer have a stand-alone Title IV permit, please leave the "Title IV Permit No." and associated "Expiration Date" fields blank.</i>			
Title V Town-Permit No.		Expiration Date	
Title IV 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 (continued)

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 <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 <input type="checkbox"/> limited partnership <input type="checkbox"/> limited liability partnership <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 NOT registered with the Secretary of State's office.		
	<i>This information can be accessed at the Secretary of State's Records Search. (https://service.ct.gov/business/s/onlinebusinesssearch)</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 <input type="checkbox"/> easement holder <input type="checkbox"/> Other:				
Are there co-applicants?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Pre-Application Meeting: Date of Meeting: 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 (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 Revision Information

1. SITE NAME AND LOCATION																							
<table border="1"> <tr> <td>Name of Site</td> <td colspan="5"></td> </tr> <tr> <td>Street Address or Location Description</td> <td colspan="5"></td> </tr> <tr> <td>City/Town</td> <td></td> <td>State</td> <td></td> <td>Zip Code</td> <td></td> </tr> </table>						Name of Site						Street Address or Location Description						City/Town		State		Zip Code	
Name of Site																							
Street Address or Location Description																							
City/Town		State		Zip Code																			
2. TYPE OF REVISION (check all that apply)		<input type="checkbox"/> Correcting a clerical error made by the Department <input type="checkbox"/> 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 <input type="checkbox"/> Revising the name of the authorized representative of the Permittee <input type="checkbox"/> Requiring more frequent or additional monitoring, record keeping or reporting <input type="checkbox"/> Implementing a fuel conversion described in RCSA section 22a-174-3a(a)(2)(A)(iii) or (iv).																					
3. DESCRIPTION OF REVISION																							
<p>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.</p>																							

Part IV: Attachments

Check the applicable box below for each attachment being submitted with this application form. When submitting any supporting documents, please label the documents as indicated in this Part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on this application form.

If any of the following are true...	Attach...	Required?	Attached
Permit is being revised	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"/>
	Applicant Compliance Information (DEEP-APP-002)	Required	<input type="checkbox"/>
Revision is to a Title IV permit or revision to a Title IV permit that has been incorporated into a Title V permit	A completed EPA Phase II Acid Rain Permit Application Form (EPA Form 7610-16) signed by the designated representative or alternate designated representative. A copy should also be sent to EPA Region 1.	If Applicable	<input type="checkbox"/>
Revising the name of the authorized representative of the Permittee and the applicant is a municipality or corporation.	Written Authorization Form RCSA section 22a-174-2a(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:

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 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. Where the file size of attachments exceed the allowable limit, please contact 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