



Application Form for a Beneficial Use Determination (BUD) Approval

Please complete this form in accordance with the instructions (DEP-RCY-INST-014) to ensure the proper handling of your application. Print or type unless otherwise noted. You must submit the application fee along with this form. *Complete one form for each approval you are requesting.*

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Check #:	_____

Part I: Application Type

Check the appropriate box identifying the application type.

<input type="checkbox"/> New approval <input type="checkbox"/> Renewal of an existing approval <input type="checkbox"/> Modification of an existing approval	1. Previous or existing authorization number or BUD number: 2. Expiration Date:
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Part II: Fee Information

Check the appropriate box that indicates the fee submitted for this application.

Quantity	NEW	RENEWAL OR MODIFICATION
< 120 tons per year	<input type="checkbox"/> \$1,000 [#1573]	<input type="checkbox"/> \$500 [#1574]
120 tons per year >1200 tons per year	<input type="checkbox"/> \$2,500 [#1575]	<input type="checkbox"/> \$1,250 [#1576]
> 1200 tons per year	<input type="checkbox"/> \$5,000 [#1577]	<input type="checkbox"/> \$2,500 [#1578]
<input type="checkbox"/> municipality	<input type="checkbox"/> No fee [#1579]	<input type="checkbox"/> No fee [#1579]

The applicable fee is to be submitted with *each* application. There is no fee for municipalities in accordance with section 22a-209f(b)(3) of the Connecticut General Statutes. The application will not be processed without the fee. The payment (if applicable) should be in the form of a check or money order made payable to "Department of Environmental Protection".

Part III: 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, applicant's name shall be stated **exactly** as it is registered with the Secretary of State.
- 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.).

1. Applicant:		
Mailing Address:		
City/Town:	State:	Zip Code:
Business Phone:	ext.:	Fax:
Contact Person:	Phone:	ext.
E-mail:		
<input type="checkbox"/> Check if any co-applicants. If so, attach additional sheet(s) with the required information as requested above.		

Part III: Applicant Information (continued)

2. List billing contact, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email:

3. List primary contact for departmental correspondence and inquiries, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email:

4. List attorney or other representative, if applicable:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Attorney:

Email:

5. Facility Operator, if different than the applicant:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email:

6. Owner of the property on which the activity is to occur, if different than the applicant:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email:

Part III: Applicant Information (continued)

7. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the application or in designing or constructing the activity.

Name:
Mailing Address:
City/Town: State: Zip Code:
Business Phone: ext. Fax:
Contact Person: Title:
Email:
Service Provided:

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

Part IV: Site/Facility Information

Complete this Part only if the Applicant plans to operate a specific site for the processing, storage and/or distribution of a solid waste material or byproduct.

1. FACILITY NAME AND LOCATION

Name of facility :
Street Address or Location Description:

City/Town: State: Zip Code:
Tax Assessor's Reference: Map Block Lot
Latitude and longitude of the exact location of the proposed activity in degrees, minutes, and seconds:
Latitude: Longitude:
Method of determination (check one):
 GPS USGS Map Other (please specify):
If a USGS Map was used, provide the quadrangle name:

2. INDIAN LANDS: Is or will the facility be located on federally recognized Indian lands? Yes No

3. COASTAL BOUNDARY: Is the activity which is the subject of this application located within the coastal boundary as delineated on DEP approved coastal boundary maps? Yes No
If yes, and this application is for a new authorization or modification of an existing authorization, you must submit a *Coastal Consistency Review Form* (DEP-APP-004) with your application as Attachment C.
Information on the coastal boundary is available at the local town hall or on the "Coastal Boundary Map" available at DEP Maps and Publications (860-424-3555).

Part IV: Site Information (continued)

4. **ENDANGERED OR THREATENED SPECIES:** Is the project site located within an area that is shaded or is less than ½ mile upstream or downstream from a shaded area? (Habitats for endangered, threatened or special concern species are identified as shaded areas on the "State and Federal Listed Species and Natural Communities Map".) Yes No Date of Map:

If yes, complete and submit a *Request for NDDDB State Listed Species Review Form* (DEP-APP-007) to the address specified on the form. **Please note NDDDB review generally takes 4 to 6 weeks and may require additional documentation from the applicant. DEP strongly recommends that applicants complete this process before submitting the subject application.**

The CT NDDDB response **must** be submitted with this completed application as Attachment D.

For more information visit the DEP website at www.ct.gov/dep/nddbrequests or call the NDDDB at 860-424-3011.

5. **AQUIFER PROTECTION AREAS:** Is the site located within a town required to establish Aquifer Protection Areas, as defined in section 22a-354a through 354bb of the General Statutes (CGS)?

Yes No

If yes, is the site within an area identified on a Level A or Level B map? Yes No

To view the applicable list of towns and maps visit the DEP website at www.ct.gov/dep/aquiferprotection

To speak with someone about the Aquifer Protection Areas, call 860-424-3020.

6. **CONSERVATION OR PRESERVATION RESTRICTION:** Is the property subject to a conservation or preservation restriction? Yes No

If Yes, proof of written notice of this application to the holder of such restriction or a letter from the holder of such restriction verifying that this application is in compliance with the terms of the restriction, must be submitted as Attachment E.

7. **ENVIRONMENTAL JUSTICE COMMUNITIES:**

Does the subject application include an activity which will occur at an **existing affecting** facility, located within an environmental justice community? Yes No

If Yes, the applicant shall submit an Environmental Justice Public Participation Plan **PRIOR TO FILING THIS APPLICATION WITH THE DEPARTMENT** and adhere to the requirements of section 22a-20a CGS. Refer to the Environmental Justice Public Participation Guidelines (DEP-EJ-GUID-001) for more information (www.ct.gov/dep/environmentaljustice).

8. **FACILITY PLAN:** Is there a current Facility Plan located on-site? Yes No

O&M PLAN: Is there a current Operation & Management Plan located on-site? Yes No

The Department may request copies of these Plans during their review and approval of this application or require an applicant that does not currently have these Plans to prepare them.

Part V: Beneficial Use Information

All applicants must submit the Beneficial Use Information as instructed under Part V of the instructions (DEP-RCY-INST-014), as Attachment A to this application.

Part VI: Supporting Documents

Please check the box by the attachments being submitted as verification that *all* applicable attachments have been 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.

<input type="checkbox"/>	Attachment A: Beneficial Use Information (refer to the instructions for specific requirements)
<input type="checkbox"/>	Attachment B: USGS Map - an 8 1/2" X 11" copy of the relevant portion indicating the exact location of the facility or site and the quadrangle name on the map, if applicable.
<input type="checkbox"/>	Attachment C: <i>Coastal Consistency Review Form</i> (DEP-APP-004), if applicable.
<input type="checkbox"/>	Attachment D: <i>Request for NDDDB State Listed Species Review Form</i> (DEP-APP-007) and additional documentation, if applicable.
<input type="checkbox"/>	Attachment E: Conservation or Preservation Restriction Information, if applicable
<input type="checkbox"/>	Attachment F: Copy of the Written Environmental Justice Public Participation Plan Approval Letter, if applicable.

Part VII: 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. If the applicant is the preparer, please mark N/A in the spaces provided for the preparer.

<p>"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 the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</p> <p>I understand that the subject activity is authorized only on or after the date the commissioner issues a written approval of application with respect to such activity.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute."</p>	
Signature of Applicant	Date
Name of Applicant (print or type)	Title (if applicable)
Signature of Preparer (if different than above)	Date
Name of Preparer (print or type)	Title (if applicable)
<input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. You must include signatures of any person preparing any report or parts thereof required in this application (i.e., professional engineers, surveyors, soil scientists, consultants, etc.)	

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

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