



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

# Permit Application for Construction and Operation of a Solid Waste Facility

Use the [instructions](#) document (DEEP-SW-INST-100) to assist you in completing this form. Print or type unless otherwise noted. Your submittal to DEEP must include: Completed Application Form (this form, DEEP-SW-APP-100); all required supporting documents, a copy of the published notice of permit application and the completed [Certification of Notice Form](#), and fee.

## Part I: Application/Permit Type and Fee Information

In the table below, check only one box in the left column to identify the type of solid waste facility for which you are applying for a permit. Complete one permit application for each solid waste facility requiring a permit.

The initial fee, as indicated below, is the total permit application fee due for a new permit or for a modification or renewal of an existing permit to construct, unless otherwise specified in the general statutes or in regulations adopted pursuant thereto. The initial fee for the permit type you are applying for is to be submitted with the application. The application will not be processed without the initial fee.

The fee for municipalities is 50% of the listed rates (see section 22a-6(b) CGS). The fee shall be paid by check or money order to the Department of Energy and Environmental Protection or through the E-Payment portal.

Check here if paying online through the E-Payment portal; *after the application is received and entered, pay instructions will be emailed to the Primary/Billing Contact listed.*

	Solid Waste Facility Types (Check the type of permit you are applying for)	Initial Fee	DEEP Use Only		
			Rev ID	Application No.	Permit No.
<b>Solid Waste Disposal Area/Landfill</b>			<b>Program: Solid Waste Landfill</b>		
<input type="checkbox"/>	Municipal Solid Waste	\$37,750.00	[326]		
<input type="checkbox"/>	Residue or other Solid Waste	\$26,500.00	[327]		
<input type="checkbox"/>	Closure Plan - Active Site	\$610.00	[328]		
<input type="checkbox"/>	Closure Plan - Inactive Site	\$4,000.00	[329]		
<input type="checkbox"/>	Closure Plan – Unpermitted Site	\$3,000.00	[1236]		
<b>Volume Reduction Facilities</b>			<b>Program: Volume Reduction Plant</b>		
<input type="checkbox"/>	Resources Recovery Facility	\$138,250.00	[294]		
<input type="checkbox"/>	Intermediate Processing Center	\$14,500.00	[299]		
<input type="checkbox"/>	Composting ≤100 Tons/day Source Separated Organic Material	\$7,750.00	[300]		
<input type="checkbox"/>	Composting >100 tons/day Source Separated Organic Material	\$10,000.00	[301]		
<input type="checkbox"/>	Construction and Demolition Waste ≤100 tons/day	\$7,750.00	[302]		
<input type="checkbox"/>	Construction and Demolition Waste >100 tons/day	\$14,500.00	[303]		

**Part I: Application/Permit Type and Fee Information (continued)**

	Solid Waste Facility Types (Check the type of permit you are applying for)	Initial Fee	DEEP Use Only		
			Rev ID	Application No.	Permit No.
<b>Volume Reduction Facilities (continued)</b>					
<input type="checkbox"/>	Waste Conversion Facility (Biological conversion) ≤100 tons/day	\$7,750.00	[2557]		
<input type="checkbox"/>	Waste Conversion Facility (Biological conversion) >100 tons/day	\$14,500.00	[2560]		
<input type="checkbox"/>	Waste Conversion Facility (Chemical conversion) <100 tons/day	\$7,750.00	[2558]		
<input type="checkbox"/>	Waste Conversion Facility (Chemical conversion) >100 tons/day	\$14,500.00	[2561]		
<input type="checkbox"/>	Waste Conversion Facility (Thermal conversion) ≤100 tons/day	\$7,750.00	[2559]		
<input type="checkbox"/>	Waste Conversion Facility (Thermal conversion) >100 tons/day	\$14,500.00	[2562]		
<input type="checkbox"/>	Land Clearing/Clean Wood Processing	\$10,000.00	[304]		
<input type="checkbox"/>	Sludge Processing	\$7,750.00	[305]		
<input type="checkbox"/>	Other (i.e., Shredder, Baler, Compactor, etc.) ≤100 tons/day (Please specify type)	\$10,000.00	[306]		
<input type="checkbox"/>	Other (i.e., Shredder, Baler, Compactor, etc.) >100 tons/day (Please specify type)	\$14,500.00	[307]		
<b>Transfer Stations</b>			<b>Program: Transfer Facility</b>		
<input type="checkbox"/>	≤75 tons/day	\$7,750.00	[296]		
<input type="checkbox"/>	>75 and ≤150 tons/day	\$10,000.00	[297]		
<input type="checkbox"/>	>150 tons/day	\$11,500.00	[298]		
<b>Biomedical Waste Treatment Facility</b>			<b>Program: Volume Reduction Plant</b>		
<input type="checkbox"/>	New Application	\$19,000.00	[295]		
<b>Minor Permit Amendments</b>					
<input type="checkbox"/>	Solid Waste Disposal Area/Landfill	\$1,375.00	[330] Solid Waste Landfill		
<input type="checkbox"/>	All Others (Please specify type of facility)	\$940.00	[313] Transfer Facility		
<b>Permit Modifications</b>					
<input type="checkbox"/>	<b>Regulatory Requirement Modification</b> A modification to an existing permit to authorize a change to satisfy new statute, regulation, permit or order.  (Please specify type of facility)	25% of the standard application fee, maximum of \$11,500.00	[1872] Volume Reduction Plant		

**Part I: Application/Permit Type and Fee Information (continued)**

Solid Waste Facility Types (Check the type of permit you are applying for)	Initial Fee	DEEP Use Only												
		Rev ID	Application No.	Permit No.										
<b>Permit Modifications (continued)</b>														
<input type="checkbox"/> <i>Permittee Initiated Modification</i> A modification to an existing permit to authorize a change in the approved or existing design, capacity, process or operation of the facility. <i>(Please specify type of facility)</i>	50% of the standard application fee, maximum of \$30,250.00	[1871] Volume Reduction Plant												
<input type="checkbox"/> <b>Landfill Closure Plan Modification</b>	<b>\$500.00</b>	[1661] Solid Waste Landfill												
<b>Permit Renewal-</b>		<b>Program: Volume Reduction Plant</b>												
<input type="checkbox"/> Renewal - Resources Recovery Facility	\$1,400.00	[308]												
<input type="checkbox"/> Renewal - Composting, Source Separated Organic Material	\$330.00	[310]												
<input type="checkbox"/> Renewal - All Solid Waste Facilities (unless specified above)	<b>\$660</b>	[311]												
<b>Existing Permit Information</b>														
If this application is for a renewal, minor amendment or modification of an existing permit or the facility was previously licensed by a general permit or an emergency or temporary authorization, provide:														
<table border="0"> <thead> <tr> <th><i>Permit or Authorization Number(s)</i></th> <th><i>Expiration Date</i></th> <th><i>Solid Waste Facility Type</i></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>					<i>Permit or Authorization Number(s)</i>	<i>Expiration Date</i>	<i>Solid Waste Facility Type</i>							
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**Part II: Public Notice Information**

The public notice of application must be published **prior** to submitting an application, as required in CGS section 22a-6g. A copy of the published notice of application and the completed Certification of Notice Form must be included as Attachment AA to this application. Your application will **not** be processed if Attachment AA is not included.

**Date of Publication:**

Did you publish notice of application on the Internet website used for local land use decisions in the municipality where such property is located?  Yes  No

Provide Internet website address:

The applicant is responsible for publishing legal notice in accordance with the requirements of [CGS section 22a-6g](#). and all applicable laws.

### 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, 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 database ([onlineBusinessSearch \(ct.gov\)](http://onlineBusinessSearch.ct.gov)).
- 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 Innovative Partnerships and Planning (IPP) at [DEEP.OPPD@ct.gov](mailto:DEEP.OPPD@ct.gov) . For any other changes you must contact the specific program from which you hold a current DEEP license.

### Part III: Applicant Information (continued)

<b>1. Applicant:</b>			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
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.			
<b>Property Interest:</b> Check the appropriate boxes that represents the 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"/> operator	<input type="checkbox"/> other (specify)	
<input type="checkbox"/> Check here if there are co-applicants. If so, label and attach additional sheet(s) with the required information as requested above.			
<b>2. Billing contact, if different than the applicant.</b>			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.:		
Contact Person:	Phone:	ext.	
E-mail:			

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

**3. Primary contact for departmental correspondence and inquiries, if different than the applicant.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*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.

**4. Attorney or other representative, if applicable:**

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Attorney:

Phone:

ext.

E-mail:

**5. Facility or Equipment Operator, if not the applicant:**

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Name of Facility Foreman or Lead (on Site):

Title:

On-Site Phone:

Operator Type (check one):

Individual

Private company

Federal

State

Municipal

**6. Owner of the property on which the Facility will be located:**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email address:

### Part III: Applicant Information (continued)

#### 7. Connecticut Licensed Professional Engineer (P.E.):

The applicant must retain the services of a qualified P.E. to prepare and certify the necessary engineering drawings including the operation and management plan for the facility.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Email address:

Connecticut PE Registration Number:

#### 8. 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.:

Contact Person:

Phone:

ext.

E-mail:

Service Provided:

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

### Part IV: Pre-Application Meeting

If a pre-application meeting was held concerning the subject activity, provide the following:

DEEP Staff Name: \_\_\_\_\_

Pre-Application Meeting Date: \_\_\_\_\_

Multiple Permits

Single Permit

### Part V: Site Information

#### 1. SITE NAME AND LOCATION

Name of Site:

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 or in decimal degrees:      Latitude:      Longitude:

Method of determination (check one):

GPS       USGS Map       Other (please specify):

If a USGS Map was used, provide the quadrangle name:

## Part V: Site Information (continued)

**2. TRIBAL RESERVATION LANDS:** Will the activity which is the subject of this application be located on:

- a) Federally recognized tribal reservation lands? (refer to [EPA's Region 1 Tribal Program](#) to confirm)  
 Yes  No

*If Yes, permit applicants should contact [EPA's Region 1 Tribal coordinator](#) if they are proposing development on a federal reservation.*

- b) State recognized tribal reservation lands?  Yes  No

*If Yes, state permits may be required. Please contact [CT DEEP Tribal Affairs](#) for potential permitting requirements.*

**3. COASTAL BOUNDARY:** Will the activity which is the subject of this application be located within the coastal boundary as delineated on DEEP approved coastal boundary maps?  Yes  No

If yes, and this application is for a new authorization or a modification of an existing authorization where the physical footprint of the subject activity is modified, submit a [Coastal Consistency Review Form](#) (DEEP-APP-004) with this completed application as Attachment D.

Information on the coastal boundary is available at [www.cteco.uconn.edu/map\\_catalog.asp](http://www.cteco.uconn.edu/map_catalog.asp) (Select the town and then select coastal boundary. If the town is not within the coastal boundary you will not be able to select the coastal boundary map.) or the local town hall or on the "Coastal Boundary Map" available at the [DEEP Store](#) (860-424-3555 or [deep.store@ct.gov](mailto:deep.store@ct.gov)).

**4. NATURAL DIVERSITY DATA BASE (NDDDB) - ENDANGERED OR THREATENED SPECIES:** According to the most current "[Natural Diversity Data Base Areas Maps](#)", will the activity which is the subject of this application, including all impacted areas, be located within an area identified as, or otherwise known to be, a habitat for state listed endangered, threatened or special concern species? [(Impacted areas include, but are not limited to the following: limits of the dam, impoundment area, downstream flow areas, access roads, mobilization areas, and any other areas within the vicinity of the proposed work.)]

- Yes  No Date of Map:

If yes, complete and submit a Natural Diversity Data Base Review Request using the DEEP's ezFile portal ([filings.deep.ct.gov/DEEPPortal/](http://filings.deep.ct.gov/DEEPPortal/)). To get started, create a user account and start a new NDDDB filing.

Additional information about this new filing process can be found on the NDDDB [website](#). **All requests for review must go through the new NDDDB portal. Email [deep.nddbrequest@ct.gov](mailto:deep.nddbrequest@ct.gov) if you need help.**

Please note if NDDDB biologist review is required, it may take 6 to 8 weeks and may require the applicant to produce additional documentation, such as ecological surveys, which must be completed prior to submitting this permit application.

**A copy of the NDDDB Determination response letter that has not expired must be submitted with this completed application as Attachment E.** Include a copy of any mitigation measures developed for this activity and approved by NDDDB. Be aware that you must renew your NDDDB Determination if it expires before project work commences.

**5. AQUIFER PROTECTION AREAS:** Is the site located within a mapped Level A or Level B [Aquifer Protection Area](#), as defined in CGS section 22a-354a through 22a-354bb?

- Yes  No If **yes**, check one:  Level A or  Level B

If **Level A**, are any of the [regulated activities](#), as defined in RCSA section 22a-354i-1(34), conducted on this site?  Yes  No

If **yes**, and your business is **not** already registered with the Aquifer Protection Program, contact [local aquifer protection agent](#) or DEEP to take appropriate actions.

For more information on the Aquifer Protection Area Program visit the DEEP website at [Aquifer Protection](#) or contact the program at [DEEP.AquiferProtection@ct.gov](mailto:DEEP.AquiferProtection@ct.gov)

**Part V: Site Information (continued)**

**6. CONSERVATION OR PRESERVATION RESTRICTION:** Will the activity which is the subject of this application be located within a conservation or preservation restriction area?  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 F.

**7. AFFECTING FACILITY/ENVIRONMENTAL JUSTICE COMMUNITY:** Will the activity which is the subject of this application include

a. an **affecting** facility **as defined** in the [Environmental Justice Public Participation Guidelines](#) (Guidelines)?  Yes  No

b. If yes, is the site located within an [Environmental Justice Community](#), as defined in the [Environmental Justice Public Participation Guidelines](#) (Guidelines) and within this [map](#)?  Yes  No

If yes to items a and b, and this application is for a new or expanded permit, you must prepare an [Environmental Justice Public Participation Plan](#) (DEEP-EJ-PLAN-001) in accordance with the Guidelines and submit such plan to:

Office of Environmental Equity  
Office of the Commissioner  
Department of Energy and Environmental Protection  
79 Elm Street  
Hartford, CT 06106-5127

**prior** to submitting this application. Once you have received written approval for your Environmental Justice Public Participation Plan from DEEP, submit this completed application with a copy of the Plan approval as Attachment G.

**8. WETLAND AREA:** Is the site located in a wetland area?  Yes  No

**9a. WATER CLASSIFICATION:** Ground water classification of the site:

**9b. SURFACE WATER BODIES:** Identify surface water bodies which may be impacted: (Attach additional sheets if necessary)

Name:	Surface Water Classification:

## Part VI: Facility Information

1. **DISPOSAL AREA (Landfill):** Complete this item if this application is for the construction and operation of a proposed new landfill, or the renewal or modification of an existing landfill permit.

**LANDFILL TYPE** (Check one):  Municipal Solid Waste  Residue or other Solid Waste

a. **New Landfill**

- (i) Proposed Site Capacity (**cubic yards (cy)**):
- (ii) Estimated Operating Life (**years**):
- (iii) Acreage of Property (**acres**):
- (iv) Proposed Acreage for Waste Disposal (**acres**):

b. **Existing Landfill (Permit Modification)**

- (i) Current Permitted Site Capacity (**cy**):
- (ii) Remaining Permitted Site Capacity (**cy**):
- (iii) Proposed Increase in Site Capacity (**cy**):
- (iv) Current Operating Life: (as noted in previous permit application) (**years**):
- (v) **Remaining Operating Life (years)**:
- (vi) Proposed Increase in Operating Life (**years**):
- (vii) Acreage of Property (**acres**):
- (viii) Current Permitted Acreage Remaining for Waste Disposal (**acres**):
- (ix) Proposed Increase in Acreage for Waste Disposal (**acres**):

2. **SOLID WASTE FACILITY:** Complete this item if this application is for the construction and operation of a proposed new facility, or the renewal or modification of an existing facility permit.

a. **FACILITY TYPE** (Check one):

Volume Reduction Plant (VRP)  Transfer Station  Biomedical Waste Facility

*If you checked (VRP) indicate which type of VRP:*

- Resource Recovery Facility  Intermediate Processing Center
- Composting (source separated organic material)  Construction and Demolition Waste
- Land Clearing/Clean Wood Processing  Sludge Processing
- Other (specify):

Note: Proposed solid waste facilities that are designed to use complicated processing equipment systems or new technologies, may be required to conduct equipment shakedown and performance testing. After the issuance of the proposed facility's Permit to Construct and the completion and approval of the facility's construction, DEEP will issue a Temporary Permit to Operate (TPO) in order to complete the necessary equipment and performance testing. DEEP will develop the final Permit to Operate based upon the P.E. certified test report(s).

**Part V: Facility Information (continued)**

**2b. Complete this item if this application is for the construction and operation of a proposed new facility, or the renewal or modification of an existing facility permit.**

	Proposed New Facility	Existing Facility	
		Current Permit	*Proposed Permit Modification
(i) Processing Capacity (tons per day)			
(ii) Storage Capacity (cubic yards) (cy)			
(iii) Acreage of Property (acres)			
(iv) Acreage Used by Facility (acres)			
(v) Operation (days/hours)			
(vi) Processing Equipment: In the rows across and below, list the types, sizes, number and design parameters of principle fixed equipment and rolling stock used. (i.e., chippers, loaders, etc.)			

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

**(vii) \* Proposed Permit Modification Type(s) (check all that apply):**

- Equipment
  Facility Design
  Operations  
 Other (please specify):

**Part VI: Facility Information (continued)**

**Facility Type (check one):**    Landfill    VRP    Transfer Station    Biomedical Waste Facility

**3. SOLID WASTE STORAGE VOLUMES:** List the maximum on-site storage and storage method for each type of unprocessed and processed material. Storage of most waste materials require use of covers, secondary containment, impervious surfaces, and other measures as needed to prevent pollution.

Type of Solid Waste	Maximum Volume of On-Site Storage	Storage Method *waste must be stored under cover
*Antifreeze Liquid (gallons) (gl)		
Appliances with CFC (Freon) (units)		
*Asbestos Containing Material (cy)		
*Batteries, Lead-Acid (vehicle) (units)		
*Biomedical Waste (cy)		
*Capacitors, Fluorescent Light Ballasts (only from residential sources) (gl)		
*Cardboard (cy)		
*Casting Sand (cy)		
*Coal Fly Ash (cy)		
*Construction and Demolition Waste (cy)		
*Contaminated Dredge Spoils (cy)		
*Contaminated Soils (cy)		
*Covered Electronic Devices (kg) or (cy)		
*Food/Beverage Containers and Plastic Containers (cy)		
*Industrial (e.g., slag, sludge) (cy)		
*Metal, Scrap (cy)		
*Mixed Municipal Solid Waste (cy)		
*Oil Filters (cy)		
*Oil, Used (gl)		
Oversized MSW (furniture, mattresses, rugs and carpets) (cy)		

**Part VI: Facility Information (continued)**

Facility Type (check one):  Landfill  VRP  Transfer Station  Biomedical Waste Facility

Type of Solid Waste	Maximum Volume of On-Site Storage	Storage Method <small>*waste must be stored under cover</small>
*Paints and Stains (gl)		
*Paper (cy)		
Propane Tanks with Valves (units)		
*Residue (i.e., ash generated from the combustion process at a Resource recovery facility) (cy)		
*Scrap Tires (crumb rubber) (cy)		
*Scrap Tires (shreds) (cy)		
*Scrap Tires (whole) (cy)		
*Sludge Ash (cy)		
*Sludge (drinking water treatment plant; e.g., alum)		
*Sludge (wastewater treatment plant) (cy)		
Swap Shop: Household Items		
Textiles and Shoes		
Wood, Clean – processed (wood chips) (cy)		
Wood, Clean – unprocessed (land clearing debris, brush, pallets) (cy)		
*Wood, Treated (painted, creosoted, etc.) (cy)		
Yard Waste (leaves and grass clippings) (cy)		
<input type="checkbox"/> Check here if additional sheets are necessary, and label and attach them to this sheet.		



## Part VII: Supporting Documents

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.

- Attachment AA: A copy of the published notice of permit application, as described in the instructions, attached to a completed [Certification of Notice Form](#) (DEEP-APP-005A)
- Attachment A: Executive Summary
- Attachment B: [Applicant Compliance Information Form](#) (DEEP-APP-002)
- Attachment C: An 8 1/2" X 11" copy of the relevant portion or a full-sized original of a USGS Quadrangle Map indicating the exact location of the facility or site and [Latitude and Longitude Form](#) (DEEP-APP-003). Indicate the quadrangle name on the map. (Not required for applications to construct and operate a solid waste disposal area (landfill).)
- Attachment D: [Coastal Consistency Review Form](#) (DEEP-APP-004)
- Attachment E: A copy of the NDDDB Determination response letter that has not expired, if applicable. Include a copy of any mitigation measures developed for this activity and approved by NDDDB. Do *not* submit any NDDDB Preliminary Site Assessments with your application. Be aware that you must renew your NDDDB Determination if it expires before project work commences.
- Attachment F: Conservation or Preservation Restriction Information, if applicable.
- Attachment G: Copy of the Written Environmental Justice Public Participation Plan Approval Letter, if applicable. (Also, a final report documenting the implementation of the Environmental Justice Public Participation Plan is to be prepared and submitted before the Department issues a Notice of Tentative Determination.)
- Attachment H: [Applicant Background Information Form](#) (DEEP-APP-101)
- Attachment I: [Statement of Consistency with Solid Waste Management Plan](#) (DEEP-SW-APP-102)
- Attachment J: [Business Information](#) (DEEP-SW-APP-103)
- Attachment K: Facility Plan (i.e. transfer stations; volume reduction plants “resource recovery facility, composting, construction and demolition waste, land clearing/clean wood, sludge processing, intermediate processing center”; biomedical waste treatment facility)
  - Engineering drawings such as area map/site plan/architectural and mechanical drawings; cross sections and specifications; mass balance diagrams; etc.
  - Operation and Management Plan
- Attachment L: [Determination of Need Information](#) (DEEP-SW-APP-104) (Required only for applications to construct and operate ash residue and mixed municipal solid waste landfills, construction or expansion of resources recovery facilities and mixed municipal solid waste composting facilities.)
- Attachment M: [Checklist for Solid Waste Disposal Areas \(Landfills\)](#) (DEEP-SW/WD-APP-110)
- Attachment N: [Certification Regarding Activities Previously Licensed by DEEP](#) (DEEP-SW-APP-105)

## Part VIII: 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 VIII 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 the 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 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."

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."

Signature of Applicant \_\_\_\_\_ Date:

Name of Applicant (print or type)

Title (if applicable):

Signature of Preparer \_\_\_\_\_ Date:

Name of Preparer (print or type)

Title (if applicable):

- 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, consultants, etc.).

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

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

Please remember to publish notice of the permit application **prior** to submitting your completed application to DEEP. Send a copy of the published notice to the chief elected official of the municipality in which the regulated activity is proposed, and provide DEEP with a copy of the published notice, as described in the [instructions](#), attached to a completed [Certification of Notice Form](#) (DEEP-APP-005A) as Attachment AA to this application.

In addition, once you receive a confirmation of application receipt from DEEP, please send an electronic copy of the application with a copy of that receipt to [DEEP.SolidWaste@ct.gov](mailto:DEEP.SolidWaste@ct.gov)