**CPPU USE ONLY**

**Title IV App No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doc #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program/EI/App Type:**

**Air Engineering/Title IV/New**



# Title IV Permit Application Transmittal Form

Please complete this form in accordance with the [instructions](https://www.ct.gov/deep/lib/deep/Permits_and_Licenses/Air_Emissions_Permits/title_IV_inst.pdf) (DEEP-TIV-INST-100) to ensure the proper handling of your application. Print or type unless otherwise noted.

This form is to be used to submit a **new** Title IV permit application. **There is no fee required.**

Note: If you are applying for a *renewal* or a *revision* to an existing Title IV permit, please use the appropriate [*Renewal Application Form*](https://www.ct.gov/deep/cwp/view.asp?a=2709&q=324214&deepNav_GID=1643#titleV) *(*DEEP–TV-APP-100) or [*Revision Application Form*](https://www.ct.gov/deep/cwp/view.asp?a=2709&q=324214&deepNav_GID=1643#titleV) (DEEP-TV-APP-100R).

Questions? Visit the [Air Permitting](http://www.ct.gov/dep/cwp/view.asp?a=2684&Q=322174&depNav_GID=1619) web page or contact the Air Permitting Engineer of the Day at 860-424-4152.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicant Name:** |  | **Town Where Site is Located:** | |  | |
| **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 public notice of application and the completed [*Certification of Notice Form*](http://www.ct.gov/deep/cwp/view.asp?a=2709&q=324218&deepNav_GID=1643#CertificationofNotice) (DEEP-APP-005A) must be included as Attachment A to this application transmittal form. Your application will ***not*** be processed if Attachment A is not included. | | | **Date of Publication** | |  |

**Part I: Site Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SITE NAME AND LOCATION** | | | | | |
| **Name of Site** |  | | | | |
| **Street Address or Location Description** |  | | | | |
| **City/Town** |  | **State** |  | **Zip Code** |  |

**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 database (*[**CONCORD**](https://portal.ct.gov/SOTS)*).*
* *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*](http://www.ct.gov/deep/cwp/view.asp?a=2709&q=324218&deepNav_GID=1643) *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** | 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** |  | | | | | | | | | |
| **Email** |  | | | | | | | | | |
| 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. | | | | | | | | | |
| **Applicant Type** | | business entity  municipality  individual  federal agency  state agency  tribal | | | | | | | | |
| **If a business entity:** | **Business Type** | corporation  limited liability company  limited partnership  limited liability partnership  statutory trust  Other: | | | | | | |
| **Secretary of the State business ID No.** | Check here if your business is **NOT** registered with the Secretary of State’s office. | | | | | | |
| *This information can be accessed at the Secretary of State's database (*[**CONCORD**](https://portal.ct.gov/SOTS)*).* | | | | | | | |
| **Applicant's interest in property at which the proposed activity is to be located** | | site owner  option holder  lessee  easement holder  Other: | | | | | | | | |
| **Are there co-applicants?** | | Yes  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?** | | No  Yes, Pre-Application Meeting: Date of Meeting:  Air Staff Name(s): | | | | | | | | |
| **2. AUTHORIZED REPRESENTATIVE SIGNING THIS APPLICATION TRANSMITTAL FORM** | | | | | | | | | | |
| **Name** | |  | | | | | | | | |
| **Title** | |  | | | | | | | | |
| **Effective Date** | |  | | | | | | | | |
| **Mailing Address** | |  | | | | | | | | |
| **City/Town** | |  | | | **State** | |  | | **Zip Code** |  |
| **Business Phone No.** | |  | | | **Extension No.** | | |  | | |
| **Email** | |  | | | | | | | | |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **3. 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** |  | | | | | |
| 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. EQUIPMENT OWNER OR EQUIPMENT OPERATOR (Only complete if applicant is not both equipment owner and operator)** | | | | | | |
| **Name** | Check one:  equipment owner  equipment operator | | | | | |
| **Title** |  | | | | | |
| **Company/Individual Name** |  | | | | | |
| **Mailing Address** |  | | | | | |
| **City/Town** |  | **State** |  | | **Zip Code** |  |
| **Business Phone No.** |  | **Extension No.** | |  | | |
| **Email** |  | | | | | |
| **5. ENGINEER(s) OR CONSULTANT(s) EMPLOYED OR RETAINED TO ASSIST IN PREPARING THIS APPLICATION TRANSMITTAL FORM (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: Attachments**

Check the applicable box below for each attachment being submitted with this transmittal 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 transmittal form.

All referenced DEEP forms may be accessed electronically, in **WORD** and PDF versions, on the [Air Emissions Permits](http://www.ct.gov/deep/cwp/view.asp?a=2709&q=324214&deepNav_GID=1643) webpage.

**Part III: Attachments (continued)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Attachment** | **Attachment Name** | **Form No.** | **Required?** | **Attached** |
| A | Copy of Public Notice of Application and Original *Certification of Notice Form* | DEEP-APP-005A | **Required** |  |
| B | A completed [*EPA Phase II Acid Rain Permit Application Form*](https://www.epa.gov/sites/production/files/2015-05/documents/acid_rain_permit_application.pdf)signed by the designated representative or alternate designated representative. | EPA Form 7610-16 | **Required** |  |
| C | *Written Authorization Form RCSA section 22a-174-2a(a)(2)(B)* | DEEP-TV-SIG-REG-002 | **If Applicable** |  |
| D | *Applicant Compliance Information Form* | DEEP-APP-002 | **Required** |  |

**Part IV: Applicant Certification**

The authorized representative **and** the individual(s) responsible for actually preparing the transmittal form and 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.**  **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 completed form and all applicable attachments to:

CENTRAL PERMIT PROCESSING UNIT

DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION

79 ELM STREET

HARTFORD, CONNECTICUT 06106-5127

A copy of the published notice of the permit application must also be sent to the chief elected official of the municipality in which the regulated activity is proposed.