



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Air Management
Engineering & Enforcement Division

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]

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](#) (DEP-APP-006) and submit it as directed.

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

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	

Part I: Permit Information

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 Nos.:	Expiration Date:
Title IV Town-Permit Nos.:	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 database (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp)*
- 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:

Applicant Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Title:

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from the department, 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 the department if your e-mail address changes.

a) Applicant Type (check one):

individual federal agency state agency municipality tribal

*business entity (*If a business entity complete i through iii):

i) check type: corporation limited liability company limited partnership
 limited liability partnership statutory trust Other: _____

ii) provide Secretary of the State business ID #: _____ This information can be accessed at the Secretary of State's database (*CONCORD*). (www.concord-sots.ct.gov/CONCORD/index.jsp)

iii) Check here if your business is **NOT** registered with the Secretary of State's office.

b) Applicant is Owner Operator (check all that apply) of this equipment.

Check if any co-applicants. If so, attach additional sheet(s) with the required information as requested above.

2. 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:

Title:

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from the department, 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 the department if your e-mail address changes.

3. Authorized Representative signing this application:

Name: Title:

Effective Date:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Email:

Part II: Applicant Information (continued)

4. Preparer of this application:			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.:		
Contact Person:	Title:		
Email:			
Service Provided:			
<input type="checkbox"/> Check here if additional sheets are necessary, and label and attach them to this sheet.			

Part III: Site Information

Name of Site or Facility:		
Location of Site or Facility:		
Street Address:		
City/Town:	State:	Zip Code:

Part IV: Permit Revision Information

<p>1. Type of revision pursuant to RCSA section 22a-174-2a(f): (check all that apply)</p> <p><input type="checkbox"/> Correcting a clerical error</p> <p><input type="checkbox"/> Revising the address or phone number of any person identified in subject permit or similar minor administrative change at or concerning the subject source</p> <p><input type="checkbox"/> Revising the name of the authorized representative of the Permittee</p> <p><input type="checkbox"/> Requiring more frequent or additional monitoring, record keeping or reporting</p> <p><input type="checkbox"/> Implementing an administrative Title V amendment set forth in 40 CFR §70.7(d)(1)(v)</p> <p>2. 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.

Part V: 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.

- Attachment A: *Submit the following only for a revision to a Title IV permit or revision to a Title IV permit that has been incorporated into a Title V permit: **IF APPLICABLE***
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: Mr. Ian Cohen, US EPA, 5 Post Office Square, Suite 10, Mail Code O(o)EP0(zero)5-2, Boston, MA 02109-3912
- Attachment B: Marked up copy of the current Title V and/or Title IV permit noting proposed changes. Attach only the pages with such changes. **REQUIRED**
- Attachment C: [Written Authorization Form RCSA section 22a-174-2a\(a\)\(2\)\(B\)](#) (DEEP-TV-SIG-REG-002) **IF APPLICABLE**
- Attachment D: [Applicant Compliance Information](#) (DEP-APP-002) **REQUIRED**
- Attachment E: Other Supporting Documentation (specify): **IF APPLICABLE**

Part VI: 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**. 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 those 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 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.</p> <p>I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.”</p>	
<hr/> Signature of Applicant	<hr/> Date
<hr/> Printed Name of Applicant	<hr/> Title (if applicable)
<hr/> Signature of Preparer (if different than above)	<hr/> Date
<hr/> Printed Name of Preparer	<hr/> 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, consultants, etc.)	

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

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

Notes: A *Permit Application Transmittal Form* (DEP-APP-001) is **not** required with this application form.
 A notice of permit application is **not** required for a permit revision application.

A *copy* of the above materials must also be submitted together as a package to:

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