

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Land Management Administration • Solid Waste Program
1800 Washington Boulevard • Suite 605 • Baltimore Maryland 21230-1719
410-537-3315 • 800-633-6101 x3315 • www.mde.maryland.gov

Notice of Intent
Natural Wood Waste Recycling Facility General Permit

Authority: Title 9, Environment Article, Annotated Code of Maryland, and Code of Maryland Regulations (COMAR) 26.04.09

Submission of this Notice of Intent (NOI) constitutes notice that the person identified on this form has the intent to be authorized by a State General Permit issued for the operation of the Natural Wood Waste Recycling Facility. Authorization to operate the facility shall commence upon notification to the applicant of acceptance of this NOI by the Maryland Department of the Environment.

NOI for: ☐ New Permit ☐ Renewal Permit

Existing Permit No.: _____ - NWW- _____ Issued Date: ____/____/____ Expiration Date: ____/____/____

Applicant's Legal Name: _____

Applicant's Status : ☐ Individual ☐ Corporation ☐ Other: _____

Corporation or Government Federal Tax Identification No.: _____

Maryland State Department of Assessments and Taxation (SDAT) ID No.: _____

Please note that a business/entity must be registered to do business in Maryland before a permit can be issued. The business or entity's information provided in this application must match the information in the SDAT register.

Proof of workers' compensation coverage is required under § 1-202 of the Environment Article. Please provide one of the following:

(1) A copy of a Certificate of Compliance issued by the Maryland Workers' Compensation Commission; or

(2) Workers' Compensation Insurance Policy/Binder Number: _____

Applicant's Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Applicant's Telephone No.: () _____ - _____ Facsimile No.: () _____ - _____

Emergency Contact Name & Title: _____ Telephone No.: () _____ - _____

Facility/Site Name: _____

Facility/Site Address: _____ City: _____ State: _____ Zip Code: _____

County: _____ Maryland Grid Coordinates: _____ N / _____ E

County Zoning Map No.: _____ Lot/Parcel No.: _____ Deed/Liber/Folio No.: _____

State Legislative District: _____ Local Council / Election District: _____

Bay Tributary Watershed Code: _____ Latitude/Longitude (Deg/Min/Sec): _____ - _____ - _____ / _____ - _____ - _____

Site Acreage: _____ Facility Acreage (Estimated): _____

By signing this form, I the applicant or duly authorized representative, do solemnly affirm under the penalties of perjury that the contents of this application are true to the best of my knowledge, information, and belief. I hereby authorize the representatives of the Department to have access to the site of the proposed facility for inspection and to records relating to this application at any reasonable time. I acknowledge that depending on the type of facility applied for, other permits or approvals may be required.

Signature of Applicant

Date

Applicant's Name (Print)

Title

This Notice is provided pursuant to §10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by Federal or State law.

Privacy Act Notice: This Notice is provided pursuant to the Federal Privacy Act of 1974, 5 U.S.C. §552.a. Disclosure of your Social Security Number or Federal Employer Identification Number on this application is mandatory pursuant to the provisions of §1-203 (2003), Environment Article, Annotated Code of Maryland, which requires the MDE to verify that an applicant for a permit has paid all undisputed taxes and unemployment insurance. Social Security or Federal Employer Identification Numbers will not be used for any purposes other than those described in this Notice.

For questions regarding this application form, please contact the Department at (410) 537-3315