

AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

OWNER OF EQUIPMENT/PROCESS					
COMPANY NAME:					
COMPANY ADDRESS:					
PREMISES NAME:	LOCATION OF EQUIPMENT/PROCESS				
PREMISES NAIVIE.					
ADDRESS:					
	INFORMATION FOR THIS PERMIT APPLICATION				
CONTACT NAME:					
JOB TITLE:					
PHONE NUMBER:					
EMAIL ADDRESS:					
DE	SCRIPTION OF EQUIPMENT OR PROCESS				
Construct for the following Quality Regulation, COM					
Check each item that you	have submitted as part of your application package.				
Application packa	ge cover letter describing the proposed project				
Complete applica applicable.)	tion forms (Note the number of forms included or NA if not				
No. Form No. Form No. Form No. Form No. Form	5T No Form 41 5EP No Form 42 6 No Form 44				
Vendor/manufacturer specifications/guarantees					
Evidence of Workman's Compensation Insurance					
Process flow diag	rams with emission points				
Site plan including	·				
Material Safety Day processed and ma	ata Sheets (MSDS) or equivalent information for materials anufactured.				
	lic Convenience and Necessity (CPCN) waiver documentation ervice Commission (1)				
use requirements	at the proposed installation complies with local zoning and land				
	or emergency and non-emergency generators installed on or after and rated at 2001 kW or more.				

⁽²⁾ Required for applications subject to Expanded Public Participation Requirements.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Air and Radiation Management Administration / Air Quality Permits Program 1800 Washington Boulevard, STE 720 Baltimore, MD 21230-1720 (410) 537-3230 •1-800-633-6101 • www.mde.state.md.us

Mail application to MDE/ARMA 1800 Washington Blvd, Suite 720 Baltimore, MD 21230-1720

Don't forget to: ✓ Sign the application ✓Include vendor literature

Air Quality Permit to Construct & Registration Application for

INTERNAL COMBUSTION ENGINES

(Electrical Power Generators, Power Equipment, Fire Protection Pumps)

1)	Api	plica	bili	itv
-,		71104	~	,

1) Applicability				
You <u>must</u> check off <u>one</u> the fe	ollowing items to use this ap	plication form		
	ration (off grid, base load, p n 42 for emergency use only draulic, mechanical, etc)			
For electrical power genera	tors only, you must check of	f <u>one</u> the following items	to use this application form	
(contact the Public	otion from the Public Service Service Commision at 410.7 stalled before October 1, 200	67.8131)		
2) Business/Institution/Fac	cility where the engine will	be located	☐ Check if	this is a federal facility
Name:			Phone:	
Street Address:				
City:	State:	Zip Code:	County:	
3) Owner/Operator of the	engine (if different than abo	ve)		
Name:			Phone:	
Mailing Address:				
City:	State:	Zip Code:		
4) Installer □ Check i	f installer is applying for per	rmit. If checked, comple	te the following:	
Name:			Phone:	
Mailing Address:				
City:	State:	Zip Code:		

Form Number: MDE/ARMA/PER.044 Revised: 12/08/09

TTY Users 1-800-735-2258

5) Engine Infor	mation						
Installation Date	Engine Manufa	acturer & Model	Horsepower	Manufacture Date	Fuel Type		
6) Operating In	formation						
Intended use des	cription: (Example	es, "a portable gene	erator at a construc	ction site" or "peak shav	ring with the emerg	gency generator'	', etc)
Hours per day	_	Hours per year	-				
7) Required At	tachments						
(Check that they ☐ Vendor lite ☐ CPCN Exe	erature emption from the P • Electrical ge	Public Service Commerators only For generators instal		r 1, 2001			
8) Workers Con	mpensation (Envi	ronmental article §	1-202)				
	ce policy or binder employed or other	number: wise exempt from the	his requirement				
TO THE BEST O	OF MY KNOWLE PENALTIES FOR	DGE AND BELIE	F, TRUE, ACCUI ALSE INFORMAT	ON SUBMITTED IN T RATE, AND COMPLE TION, INCLUDING TH	TE. I AM AWAR	E THAT THER	
Owners Signa	ature]	Printed Name & T	itle	Date		
□ Perm			LEAVE BLANK	·			
☐ Regis	·		sepower & installe	d prior to 11/24/03)			
	Registration Numb	er:					
AI: Emissio	ns						
Stack Fugitive	SOx	Nox	CO	VOC	PM	PM-10	