

# MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land and Materials Administration · Resource Management Program  
1800 Washington Boulevard · Suite 610 · Baltimore, Maryland 21230-1419  
410-537-3314 · 800-633-6101 x3314 · [www.mde.maryland.gov/composting](http://www.mde.maryland.gov/composting)

## Notice of Intent for General Composting Facility Permit

Authority: Title 9, Environment Article, Annotated Code of Maryland, and Code of Maryland Regulations (COMAR) 26.04.11

NOI for:  New Permit  Renewal Permit  Permit Modification

Existing Permit No.: \_\_\_\_\_ Issued Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applicant's Legal Name: \_\_\_\_\_

Applicant's Status:  Individual  Corporation  Government  Other: \_\_\_\_\_

Proposed composting facility tier:  Tier 1  Tier 2 – Small  Tier 2 - Large

Individual's Social Security No.: \_\_\_\_\_

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 coverage under the permit can be issued. The business or entity's information provided in this form 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: \_\_\_\_\_ / \_\_\_\_\_

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

Latitude/Longitude (Deg/Min/Sec): \_\_\_\_\_ / \_\_\_\_\_ Site Acreage: \_\_\_\_\_

Property Owner's Legal Name: \_\_\_\_\_

Property Owner's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Property Owner's Telephone No.: (    ) \_\_\_\_\_ - \_\_\_\_\_

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 and the enclosed Composting Facility Operations Plan are true to the best of my knowledge, information, and belief. I certify that the proposed composting facility will be located, designed, and constructed in accordance with the facility siting and design requirements in COMAR 26.04.11.08 applicable to the facility tier, and that the proposed facility will be operated in accordance with the operating requirements in COMAR 26.04.11.09 applicable to the facility tier. I hereby authorize the representatives of the Department to have access to the site of the proposed activity for inspection and to records relating to this form at any reasonable time. I acknowledge that depending on the type of activity applied for, other permits or approvals may be required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Telephone Number

Please submit this form with a copy of the

**Composting Facility Operations Plan to:  
Maryland Department of the Environment  
Land and Materials Administration  
Resource Management Program  
1800 Washington Boulevard, Suite 610  
Baltimore, Maryland 21230-1719**

**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 form is mandatory pursuant to the provisions of §1-203 (2003), Environment Article, Annotated Code of Maryland, which requires the Department to verify that an applicant for a permit has paid all undisputed taxes and unemployment insurance. The Department is also mandated by §10-119.3, Family Law Article, Annotated Code of Maryland, to require each applicant for a license to disclose the Social Security Number of the applicant and record the applicant's Social Security Number on the form. Pursuant to §10-119.3(a)(2), the definition of "license" means any license, certificate, registration, permit, or other authorization that: (i) is issued by a licensing authority; (ii) is subject to suspension, revocation, forfeiture, or termination by a licensing authority; and (iii) is necessary for an individual to practice or engage in a particular business, occupation, or profession. Social Security or Federal Employer Identification Numbers will not be used for any purposes other than those described in this Notice.

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 (Md. Code Ann., State Gov't §§ 10-601, et seq.). 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.

**For questions regarding this application form, please contact the Department at 410-537-3314**