



## AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

OWNER OF EQUIPMENT/PROCESS	
COMPANY NAME:	
COMPANY ADDRESS:	
LOCATION OF EQUIPMENT/PROCESS	
PREMISES NAME:	
PREMISES ADDRESS:	
CONTACT INFORMATION FOR THIS PERMIT APPLICATION	
CONTACT NAME:	
JOB TITLE:	
PHONE NUMBER:	
EMAIL ADDRESS:	
DESCRIPTION OF EQUIPMENT OR PROCESS	

Application is hereby made to the Department of the Environment for a Permit to Construct for the following equipment or process as required by the State of Maryland Air Quality Regulation, COMAR 26.11.02.09.

Check each item that you have submitted as part of your application package.

- Application package cover letter describing the proposed project
- Complete application forms (Note the number of forms included or NA if not applicable.)
  - No. \_\_\_\_\_ Form 5
  - No. \_\_\_\_\_ Form 5T
  - No. \_\_\_\_\_ Form 5EP
  - No. \_\_\_\_\_ Form 6
  - No. \_\_\_\_\_ Form 10
  - No. \_\_\_\_\_ Form 11
  - No. \_\_\_\_\_ Form 41
  - No. \_\_\_\_\_ Form 42
  - No. \_\_\_\_\_ Form 44
- Vendor/manufacturer specifications/guarantees
- Evidence of Workman's Compensation Insurance
- Process flow diagrams with emission points
- Site plan including the location of the proposed source and property boundary
- Material balance data and all emissions calculations
- Material Safety Data Sheets (MSDS) or equivalent information for materials processed and manufactured.
- Certificate of Public Convenience and Necessity (CPCN) waiver documentation from the Public Service Commission <sup>(1)</sup>
- Documentation that the proposed installation complies with local zoning and land use requirements <sup>(2)</sup>

(1) Required for emergency and non-emergency generators installed on or after October 1, 2001 and rated at 2001 kW or more.

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

**APPLICATION FOR FUEL BURNING EQUIPMENT**

**Information Regarding Public Outreach**

For Air Quality Permit to Construct applications subject to public review, applicants should consider the following information in the initial stages of preparing a permit application.

If you are not sure at the time you are applying for a permit whether public review of your application is required or for information on steps you can take to engage the surrounding community where your planned project will be located, please contact the Air Quality Permits Program at 410-537-3225 and seek their advice.

Communicating and engaging the local community as early as possible in your planning and development process is an important aspect of your project and should be considered a priority. Environmental Justice or "EJ" is a movement to inform, involve, and engage communities impacted by potential and planned environmental projects by affording citizens opportunities to learn about projects and discuss any concerns regarding impacts.

Although some permit applications are subject to a formal public review process prescribed by statute, the Department strongly encourages you to engage neighboring communities separate from and well ahead of the formal permitting process. Sharing your plans by way of community meetings, informational outreach at local gatherings or through local faith-based organizations can initiate a rewarding and productive dialogue that will reduce anxiety and establish a permanent link with your neighbors in the community.

All parties benefit when there is good communication. The Department can assist applicants in developing an outreach plan that fits the needs of both the company and the public.

# MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Blvd ▪ Baltimore, Maryland 21230  
(410) 537-3230 ▪ 1-800-633-6101 ▪ www.mde.state.md.us

## Air and Radiation Management Administration ▪ Air Quality Permits Program APPLICATION FOR FUEL BURNING EQUIPMENT

Permit to Construct  Registration Update  Initial Registration

<b>1A. Owner of Equipment/Company Name</b>	<b>DO NOT WRITE IN THIS BOX</b> <b>2. Registration Number</b> County No.                      Premises No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1-2    3-6 Registration Class                      Equipment No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7    6-11 Data Year <input type="text"/> <input type="text"/> _____ 12-13    Application Date
Mailing Address/Street	
City    State    Zip Code	
Telephone Number	
Print Name/Title	
Signature: _____ Date: _____	
<b>1B. Equipment Location (if different from above give Street Number and Name, City, State, Zip and Telephone Number):</b>	
Premises Name (if different from above): _____	
<b>3. Status</b>	New Construction Began                      New Construction Completed                      Existing Initial Operation
A= New Equipment                      Status                      (MM/YY)                      (MM/YY)                      (MM/YY)	
B= Modification to Existing Equipment <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
C= Existing Equipment                      15                      16-19                      20-23                      20-23	
<b>4. Describe this Equipment (Make, Model, Features, Manufacturer, etc.):</b>	
<b>5. Workmen's Compensation Coverage:</b> Binder/Policy Number: _____	
Company Name: _____ Expiration Date _____	
<b>NOTE: Before a Permit to Construct may be issued by the Department, the applicant must provide the Department with proof of worker's compensation coverage as required under Section 1-202 of the Worker's Compensation Act.</b>	
<b>6. Number of Pieces of Identical Equipment to be Registered/Permitted at this Time:</b>	
<b>7. Person Installing this Equipment (if different from above give Name/Title, Company Name, Mailing Address and Telephone Number):</b>	
<b>8. Major Activity, Product or Service of Company at this Location:</b>	
<b>9. Control Devices Associated with this Equipment</b>	
None <input type="checkbox"/> Simple/Multiple <input type="checkbox"/> Spray/Adsorb <input type="checkbox"/> Venturi <input type="checkbox"/> Carbon <input type="checkbox"/> Electrostatic <input type="checkbox"/> Bag-house <input type="checkbox"/>	24-0                      Cyclones                      24-1                      Tower                      24-2                      Scrubber                      24-3                      Adsorber                      24-4                      Precipitator                      24-5                      house                      24-6
Thermal/Catalytic <input type="checkbox"/> Dry <input type="checkbox"/> Other <input type="checkbox"/> Describe _____	Afterburner                      24-7                      Scrubber                      24-8                      _____ 24-9

**10. Annual Fuel Consumption for this Equipment Only**

OIL-1000 GALLONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 26-31	SULFUR % <input type="text"/> <input type="text"/> 32-33	GRADE <input type="text"/> 34	NATURAL GAS-1000 FT <sup>3</sup> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 35-41	LP GAS-100 GALLONS <input type="text"/> <input type="text"/> <input type="text"/> 42-45	GRADE <input type="text"/> 46-52
COAL- TONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 46-52	SULFUR % <input type="text"/> <input type="text"/> 53-55	ASH% <input type="text"/> <input type="text"/> 56-58	WOOD-TONS <input type="text"/> <input type="text"/> <input type="text"/> 59-63	MOISTURE % <input type="text"/> <input type="text"/> 64-65	

OTHER FUELS  ANNUAL AMOUNT CONSUMED (Specify Type) 66-1 (Specify Units of Measure)

OTHER FUEL  ANNUAL AMOUNT CONSUMED (Specify Type) 66-2 (Specify Units of Measure)

**1=Coke 2=COG 3=BFG 4=Other**

**11. Operating Schedule (for this equipment)**

Comfort/Space Heating Only  67-1

Process Heat Only  67-2

Percent Process Heat  68-69

Oil Burner Type  70

1=Pressure Gun  
2=Air Atomizer  
3=Steam Atomizer  
4=Rotary Cup

Coal Burner Type  71

1=Cyclone  
2=Stoker  
3=Pulverized  
4=Hand Fired

**SEASONAL VARIATION IN OPERATION (PERCENT):**

Days Per Week  72

Days Per Year   
73-75

None  76

Winter   
77-78

Spring   
79-80

Summer   
81-82

Fall   
83-84

**12. Exhaust Stack Information**

Height Above Ground (ft)   
86-88

Inside Diameter at Top (inches)   
89-91

Exit Temperature (°F)   
92-95

Exit Velocity (ft/sec)   
96-98

**13. Total Stack Emissions (for this equipment only) in Pounds Per Operating Day**

Particulate Matter   
99-104

Oxides of Sulfur   
105-110

Oxides of Nitrogen   
111-116

Carbon Monoxide   
117-122

Volatile Organic Compounds   
123-128

PM-10   
129-134

**14. Method Used to Determine Emissions (1=Estimate, 2=AP42, 3=Stack Test, 4=Other Emission Factor)**

TSP  165

SOx  166

NOx  167

CO  168

VOC  169

PM10  170

**15. What is the Maximum Rated Heat Input of this Unit (Million Btu/hr)?**

**Air and Radiation Management Administration Use Only**

16. Date Rec'd Local \_\_\_\_\_ Date Rec'd State \_\_\_\_\_

Return to Local Jurisdiction Date \_\_\_\_\_ By \_\_\_\_\_

Rev'd by Local Jurisdiction: Date \_\_\_\_\_ By \_\_\_\_\_ Rev'd by State: Date \_\_\_\_\_ By \_\_\_\_\_

Acknowledgement Sent by State: Date \_\_\_\_\_ By \_\_\_\_\_

17. Inventory Date (MM/YY) <input type="text"/> <input type="text"/> <input type="text"/> 171-174	SCC Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 178-185	18. Annual Operating Rate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 186-192	Maximum Design Hourly Rate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 193-199
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Permit to Operate Month <input type="text"/> <input type="text"/> 200-201	Transaction Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 202-207	Staff Code <input type="text"/> <input type="text"/> <input type="text"/> 208-210	VOC <input type="text"/> <input type="text"/> 211 212	SIP Code <input type="text"/> <input type="text"/> 213 214
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Regulation Code   
215-218

Confidentiality  219

Point Description   
220-238

Action  239

A: Add  
C: Change