

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

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

<p>Individual's Social Security No.: _____</p> <p>Corporation or Government Federal Tax Identification No.: _____</p> <p>Maryland State Department of Assessments and Taxation (SDAT) ID No.: _____</p> <p><i>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.</i></p>
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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