****

**AIR QUALITY PERMIT TO CONSTRUCT**

**APPLICATION CHECKLIST**

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| --- | --- |
| **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 11

No. Form 5T No. Form 41

No. Form 5EP No. Form 42

No. Form 6 No. Form 44

No. Form 10

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 (1)

Documentation that the proposed installation complies with local zoning and land

use requirements (2)

1. Required for emergency and non-emergency generators installed on or after October

1, 2001 and rated at 2001 kW or more.

1. 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 ● Baltimore, Maryland 21230

(410)537-3230 ● 1-800-633-6101● [www.mde.state.md.us](http://www.mde.state.md.us/)

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| --- | --- | --- |
| ***Mail application to***  MDE/ARMA  1800 Washington Blvd, Suite 720  Baltimore, MD 21230-1720 |  | Air Quality Permit to Construct & Registration Application for  **EMERGENCY GENERATOR** |

**You must check off all of the following items to be able to use this application form**

This generator is a dedicated emergency backup generator, and will not be used for peak or load shaving.

This generator is powered by an internal combustion engine, not a turbine

This generator’s engine is at least 500 brake horsepower (373 kilowatts)

(Smaller emergency engines do not need a permit)

AND

**You must check off one of the following items to be able to use this application form**

I do not need a CPCN Exemption because the generator is rated at 2000 kW or less

I do not need a CPCN Exemption because the generator was installed before October 1, 2001

I have a CPCN Exemption from the Public Service Commission for this generator

(Contact the Public Service Commission at 410.767.8131)

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| **1) Business/Institution/Facility where the equipment will be located** | | | | | **Check if this is a federal facility** |
| Business/Institution/Facility Name: | | | | | Phone: |
| Contact Person’s Name: | | | Email Address: | | |
| Street Address: | | | | | |
| City: | State: | Zip Code: | | County: | |

|  |  |  |  |
| --- | --- | --- | --- |
| **2) Owner**  **Check if different from above. If checked, complete the following:** | | | |
| Name: | | Phone: | |
| Mailing Address: | | | |
| City: | State: | Zip Code: |  |

|  |  |  |
| --- | --- | --- |
| **3) Installer**  **Check if different from above. If checked, complete the following:** | | |
| Contact Name: | Contact Company: | Phone: |

|  |  |  |  |  |  |  |
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| **4) Equipment Information** | | | | | | |
| Manufacturer / Model: | | | Installation Date: | | | |
| Yes This generator will be operated as part of an emergency demand response program.  No | | | | | | |
| Number  Installed: | Number  Removed: | Stack Height  (feet, estimated): | | | Stack Diameter  (inches, estimated): | |
| Engine Make / Model: | EPA Tier Certified: | Engine Horsepower : | | Engine Manufacture Date: | | Fuel Type: |

|  |
| --- |
| **5) Required Attachments**  (check that you’ve included them) |
| Vendor literature |
| CPCN Exemption from the Public Service Commission  (not needed for generators installed before October 1, 2001, or rated at 1500 kW or less) |

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| **6) Workers Compensation Information (Environmental Article §1-202)** |
| Workers insurance policy or binder number:  Check if self-employed or otherwise exempt from this requirement |

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| “I CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION SUBMITTED IN THIS REQUEST FOR COVERAGE IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.”  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_ | | |
| **Owners Signature** | **Printed Name and Title** | **Date** |

**LEAVE BLANK**

**MDE USE ONLY**

* Permit
* Registration (Less than 1,000 brake horsepower & installed prior to 11/24/03)

Permit/Registration Number: \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_

AI: \_\_\_\_\_\_\_\_

Emissions

Stack \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Fugitive \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Sox Nox CO VOC PM PM-10