



## 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 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 <sup>(1)</sup>
- ☐ Documentation that the proposed installation complies with local zoning and land use requirements <sup>(2)</sup>

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

<sup>(2)</sup> Required for applications subject to Expanded Public Participation Requirements.

# MARYLAND DEPARTMENT OF THE ENVIRONMENT

Air and Radiation Administration • Air Quality Permits Program

1800 Washington Boulevard • Baltimore, Maryland 21230

(410)537-3230 • 1-800-633-6101 • [www.mde.maryland.gov](http://www.mde.maryland.gov)

## FORM 42 STANDARD PERMIT TO CONSTRUCT APPLICATION FOR EMERGENCY GENERATORS

### 1. Applicability for a Standard Permit to Construct for Emergency Generators

a. You **must** check off **all** of the following items to use this application form.

- ☐ This generator set is equipped with a stationary internal combustion engine rated at 500 brake horsepower (373 kilowatts) or greater and **DOES NOT** qualify for an Air Quality General Permit to Construct for Emergency Generators.
- ☐ This generator set is a dedicated emergency backup generator that will be used to provide electrical power or mechanical work during an emergency situation when electric power from the local utility (or the normal power source, if the facility runs on its own power production) is interrupted.
- ☐ This generator set **DOES NOT** participate in any demand response programs, and will not be used for peak or load shaving

b. You **must** check off **one** of the following items to use this application form.

- ☐ The generator set does not require a Certificate of Public Convenience and Necessity (CPCN) waiver from the Public Service Commission because the generator set's electrical output is rated at 2000 kilowatts or less; or the generator set is located at a facility that is considered critical infrastructure as defined in §1-101 of the Public Utilities Article of the Annotated Code of Maryland.
- ☐ The generator set does not require a CPCN waiver from the Public Service Commission because the generator set was installed prior to October 1, 2001.
- ☐ The generator set has received a CPCN waiver from the Public Service Commission.

### 2. Owner and Operator Information

Owner Name: \_\_\_\_\_

Owner Street Address: \_\_\_\_\_

Owner City/State/Zip Code: \_\_\_\_\_

### 3. Location of Emergency Generator

☐ Check if different from above. If checked, complete the following:

Premises Name: \_\_\_\_\_

Premises Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

### 4. Contact Information

Contact Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 5. Workers' Compensation Coverage Information

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 Workers' Compensation Act.

Company Name: \_\_\_\_\_

Binder/Policy Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

### 6. Emergency Generator and Engine Description

Date of Installation \_\_\_\_\_

Number of Identical Units Installed \_\_\_\_\_

Number of Units Removed (describe, include ARA Registration Number if applicable) \_\_\_\_\_

#### Engine Information

Engine Make \_\_\_\_\_

Engine Model No. \_\_\_\_\_

Engine Manufacture Date \_\_\_\_\_

Engine Model Year \_\_\_\_\_

Maximum Engine Rating in Horsepower \_\_\_\_\_

Maximum Electrical Output in Kilowatts \_\_\_\_\_

Fuel Type \_\_\_\_\_

U.S. EPA Certified Tier Rating for the Engine (if applicable): \_\_\_\_\_

**FORM 42**  
**STANDARD PERMIT TO CONSTRUCT APPLICATION FOR**  
**EMERGENCY GENERATORS**

**7. Required Supplemental Documents**

- ☐ Engine Manufacturer Literature/Engine Specification Sheet
- ☐ Form 5EP for each engine stack emission point
- ☐ A copy of the engine Certificate of Conformity or other evidence showing that the engine is certified to meet U.S. EPA Tier standards for emergency engines (if applicable)
- ☐ Form 6 for each air pollution control device (if applicable)

For an emergency generator set with an electrical output of greater than 2,000 kilowatts, you **must** include **one** of the following:

- ☐ CPCN waiver documentation from the Public Service Commission
- ☐ Documentation showing that the facility where the emergency generator set will be located meets critical infrastructure requirements as defined in §1-101 of the Public Utilities Article of the Annotated Code of Maryland, and a statement acknowledging that the facility is complying with or will comply with all applicable local regulations regarding noise level and testing hours.

**8. Responsible Party Certification Statement**

"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."

**Responsible Party Signature**

**Date**

**Printed Name and Title**

**For ARA Use Only**

Date Received:	
Date Reviewed:	
Reviewed By:	
ARA Premises Number:	
Associated ARA Registration Number or Numbers:	