



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 ⁽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.

(2) 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

**FORM 11
APPLICATION FOR
FUEL BURNING EQUIPMENT**

Permit to Construct

Registration Update

Initial Registration

1. Owner Information

Owner Name: _____

Owner Street Address: _____

City/State/Zip Code: _____

2. Location of Equipment/Process

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

Premises Name: _____

Premises Street Address: _____

City/State/Zip Code: _____

3. Contact Information

Contact Name: _____

Job Title: _____

Phone Number: _____

Email Address: _____

4. 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: _____

5. Person Installing Fuel Burning Equipment (if different from 1 above)

Installer Name and Title: _____

Installer Company Name: _____

Installer Street Address: _____

City/State/Zip Code: _____

Phone Number: _____

6. Description of Major Activity, Product, or Service of Company at this Location (include applicable SIC code)

7. Fuel Burning Equipment Type

- New Equipment
- Modification to Existing Equipment
- Existing Equipment

8. Projected Construction/Existing Operation Dates

Projected Construction Start Date:

Projected Construction End Date: _____

Projected Operating Date of New/Modified Equipment:

Existing Equipment Initial Operating Date: _____

9. Description of the Fuel Burning Equipment (include make, model, manufacturer, as applicable)

10. Supplemental Fuel Burning Equipment Information

Number of Pieces of Identical Equipment Units to be Registered/Permitted at this Time: _____

Maximum Rated Heat Input: _____ million Btu per hour

Number of Stack/Emission Points Associated with the Equipment/Process: _____

Note: Complete a Form 5EP for each stack/emission point.

11. Control Devices Associated with this Fuel Burning Equipment

Note: Complete a Form 6 for each control device

- None
- Dust Suppression
- Oxidizer
- Baghouse/Fabric Filter
- Venturi Scrubber
- Nitrogen Oxides Reduction
- Cyclone
- Adsorption System
- Other, specify: _____
- Electrostatic Precipitator
- Spray Tower/Packed Bed

12. Fuel Consumption for this Fuel Burning Equipment

- | | | | |
|--|----------------------------|--|-----------------|
| <input type="checkbox"/> Natural Gas | _____ 1000 cubic feet/year | <input type="checkbox"/> Coal (attach fuel specifications) | _____ tons/year |
| <input type="checkbox"/> Propane/LP Gas | _____ 100 gallons/year | <input type="checkbox"/> Wood (attach fuel specifications) | _____ tons/year |
| <input type="checkbox"/> Distillate Fuel Oil | _____ 1000 gallons/year | <input type="checkbox"/> Other (describe): _____ | _____ _____ |
| <input type="checkbox"/> Residual Fuel Oil | _____ 1000 gallons/year | | (specify units) |

13. Fuel Burner Type

- | | |
|---|--|
| <input type="checkbox"/> Low NOx Burner | <input type="checkbox"/> Coal Burner (identify type below) |
| <input type="checkbox"/> Oil Burner (identify type below) | <input type="checkbox"/> Cyclone |
| <input type="checkbox"/> Pressure Gun | <input type="checkbox"/> Stoker |
| <input type="checkbox"/> Air Atomizer | <input type="checkbox"/> Pulverized |
| <input type="checkbox"/> Steam Atomizer | <input type="checkbox"/> Hand Fired |
| <input type="checkbox"/> Rotary Cup | <input type="checkbox"/> Other Burner Type, specify: _____ |

14. Operating Schedule for this Fuel Burning Equipment

- | | | | |
|---|-------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Comfort/Space Heat Only | Seasonal Variation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Process Heat Only | If yes, complete the following: | | |
| <input type="checkbox"/> Comfort/Space Heat or Process Heat | _____ Winter Percent | _____ Spring Percent | |
| _____ % process heat | _____ Summer Percent | _____ Fall Percent | |
| _____ operating hours/day | Total Seasons = 100% operating time | | |
| _____ operating days/week | | | |
| _____ operating days/year | | | |

15. Total Stack Emissions for this Equipment/Process

- | | | | |
|----------------------------|-------------------------|--------------------------------------|-------------------------|
| Nitrogen Oxides | _____ lbs/operating day | Particulate Matter (PM-10) | _____ lbs/operating day |
| Carbon Monoxide | _____ lbs/operating day | Particulate Matter (PM-2.5) | _____ lbs/operating day |
| Sulfur Oxides | _____ lbs/operating day | Greenhouse Gases (CO _{2e}) | _____ lbs/operating day |
| Volatile Organic Compounds | _____ lbs/operating day | | |

16. Required Documents

- Air Quality Permit to Construct Application Checklist - Include all required items on the checklist with the Form 11 application
- Does this application include confidential information? If yes, submit one confidential copy of the application and one copy with all confidential information removed.

17. 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:	