



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

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 ☐

1A. Owner of Equipment/Company Name	DO NOT WRITE IN THIS BOX 2. Registration Number County No. Premises No. <div style="display: flex; justify-content: space-around;"><div style="text-align: center;"><input type="text"/><input type="text"/> 1-2 Registration Class</div><div style="text-align: center;"><input type="text"/><input type="text"/><input type="text"/><input type="text"/> 3-6 Equipment No.</div></div> <div style="display: flex; justify-content: space-around;"><div style="text-align: center;"><input type="text"/> 7 Data Year</div><div style="text-align: center;"><input type="text"/><input type="text"/> 6-11 Application Date</div></div> <div style="display: flex; justify-content: space-around;"><div style="text-align: center;"><input type="text"/><input type="text"/> 12-13</div><div style="text-align: center;">Application Date</div></div>																												
Mailing Address/Street																													
City State Zip Code																													
Telephone Number																													
Print Name/Title																													
Signature: _____ Date: _____																													
1B. Equipment Location (if different from above give Street Number and Name, City, State, Zip and Telephone Number):																													
Premises Name (if different from above): _____																													
3. Status																													
<table style="width: 100%; border: none;"><tr><td style="width: 25%;">A= New Equipment</td><td style="width: 10%;">Status</td><td style="width: 25%;">New Construction Began (MM/YY)</td><td style="width: 25%;">New Construction Completed (MM/YY)</td><td style="width: 15%;">Existing Initial Operation (MM/YY)</td></tr><tr><td>B= Modification to Existing Equipment</td><td><input type="text"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr><tr><td>C= Existing Equipment</td><td>15</td><td>16-19</td><td>20-23</td><td>20-23</td></tr></table>		A= New Equipment	Status	New Construction Began (MM/YY)	New Construction Completed (MM/YY)	Existing Initial Operation (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"/>	C= Existing Equipment	15	16-19	20-23	20-23													
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4. Describe this Equipment (Make, Model, Features, Manufacturer, etc.):																													
5. Workmen's Compensation Coverage: Binder/Policy Number: _____																													
Company Name: _____ Expiration Date _____																													
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.																													
6. Number of Pieces of Identical Equipment to be Registered/Permitted at this Time:																													
7. Person Installing this Equipment (if different from above give Name/Title, Company Name, Mailing Address and Telephone Number):																													
8. Major Activity, Product or Service of Company at this Location:																													
9. Control Devices Associated with this Equipment																													
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10. Annual Fuel Consumption for this Equipment Only

OIL-1000 GALLONS

26-31

SULFUR %

32-33

GRADE

34

NATURAL GAS-1000 FT³

35-41

LP GAS-100 GALLONS

42-45

GRADE

COAL- TONS

46-52

SULFUR %

53-55

ASH%

56-58

WOOD-TONS

59-63

MOISTURE %

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 CupCoal 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)

171-174

SCC Code

178-185

18. Annual Operating Rate

186-192

Maximum Design Hourly Rate

193-199

Permit to Operate Month

200-201

Transaction Date

202-207

Staff Code

208-210

VOC

211 212

SIP Code

213 214

Regulation Code

215-218

Confidentiality

219

Point Description

220-238

Action

239

A: Add

C: Change

