



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 ⁽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 44

**STANDARD PERMIT TO CONSTRUCT APPLICATION FOR
INTERNAL COMBUSTION ENGINES**

1. Applicability for a Standard Permit to Construct for Internal Combustion Engines

- a. You **must** check off **one** of the following items to use this application form.
- This internal combustion engine is an electrical power generator that will be used for non-emergency electrical power generation (off grid, base load, peak shaving, load shaving, demand response).
 - This internal combustion engine is rated at 500 brake horsepower (373 kilowatts) or greater and used to directly power equipment (hydraulic, mechanical, etc.)
 - This internal combustion engine is rated at 500 brake horsepower (373 kilowatts) or greater and used as a fire pump engine.
- b. For electrical power generators only, 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 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 the Internal Combustion Engine

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. Internal Combustion 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): _____

7. Operating Schedule

Hours per Day: _____

Days per Week: _____

Days per Year: _____

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8. Required Supplemental Documents

- Engine Manufacturer Literature/Engine Specification Sheet
- 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 non-emergency engines (if applicable)
- Form 5EP for each engine stack emission point
- Form 6 for each air pollution control device (if applicable)
- Emissions estimates for the engine

9. 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: