



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 5
APPLICATION FOR
PROCESSING OR MANUFACTURING EQUIPMENT/PROCESS

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 Equipment/Process (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. Installation Type **8. Projected Construction/Existing Operation Dates**

<input type="checkbox"/> New Equipment/Process <input type="checkbox"/> Modification to Existing Equipment/Process <input type="checkbox"/> Existing Equipment/Process	Projected Construction Start Date: Projected Construction End Date: Projected Operating Date of New/Modified Equipment/Process: Existing Equipment/Process Initial Operating Date:
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9. Description of the Equipment/Process (include make, model, manufacturer, rated capacity, as applicable)

10. Supplemental Equipment/Process Information

Number of Pieces of Identical Equipment Units to be Registered/Permitted at this Time:	Number of Stack/Emission Points Associated with the Equipment/Process: Fugitive Emissions Source? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: Complete a Form 5EP for each stack/emission point or fugitive discharge area.
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11. Control Devices Associated with this Equipment/Process

Note: Complete a Form 6 for each control device.

<input type="checkbox"/> None	<input type="checkbox"/> Baghouse/Fabric Filter	<input type="checkbox"/> Cyclone	<input type="checkbox"/> Electrostatic Precipitator
<input type="checkbox"/> Dust Suppression	<input type="checkbox"/> Venturi Scrubber	<input type="checkbox"/> Adsorption System	<input type="checkbox"/> Spray Tower/Packed Bed
<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Nitrogen Oxides Reduction	<input type="checkbox"/> Other, specify: _____	

12. Fuel Consumption for this Equipment/Process

<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. Operating Schedule for this Equipment/Process

<input type="checkbox"/> Continuous Operation <input type="checkbox"/> Batch Process _____ hours/batch _____ batches/week _____ operating hours/day _____ operating days/week _____ operating days/year	Seasonal Variation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following: _____ Winter Percent _____ Spring Percent _____ Summer Percent _____ Fall Percent Total Seasons = 100% operating time
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14. Input Materials and Usage Rates (attach additional materials as necessary)

Name of Input Material	CAS No. (if applicable)	Input Rate Per Hour	Identify Unit of Measure	Input Rate Per Year	Identify Unit of Measure

15. Output Materials and Production Rates (attach additional materials as necessary)

Name of Output Material or Product	CAS No. (if applicable)	Output Rate Per Hour	Identify Unit of Measure	Output Rate Per Year	Identify Unit of Measure

16. Waste Streams - Solid and Liquid (attach additional materials as necessary)

Name of Waste Material or Waste Product	CAS No. (if applicable)	Waste Generation Rate Per Hour	Identify Unit of Measure	Waste Generation Rate Per Year	Identify Unit of Measure

17. Total Stack Emissions for this Equipment/Process

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

18. Total Fugitive Emissions for this Equipment/Process

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

19. Required Documents

Air Quality Permit to Construct Application Checklist - Include all required items on the checklist with the Form 5 application

Check this box if this application includes confidential information and submit one confidential copy of the application and one copy with all confidential information removed.

20. 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:	