

**PART 70 PERMIT APPLICATION FOR ADMINISTRATIVE AMENDMENT**  
**AIR AND RADIATION ADMINISTRATION**

**Owner Information:**

Name of Owner or Operator:		
Street Address:		
City:	State:	Zip Code:
Telephone Number	Fax Number	

**Facility Information:**

Name of Facility:	Part 70 Permit Number:	
Street Address:		
City:	State:	Zip Code:
Plant Manager:	Telephone Number:	Fax Number:
24-Hour Emergency Telephone Number for Air Pollution Matters:		
Contact for Permit Issues:	Title:	
Telephone Number:	E-Mail Address:	





MARYLAND DEPARTMENT OF THE ENVIRONMENT

4. Certification by Responsible Official:

**"I certify, under penalty of law, that this document and all attachments were prepared under my direction or supervision and in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person(s) who manage the system, or those persons directly responsible for gathering the information, the information submitted 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 OFFICIAL:

**X** \_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE

