

Minor Modification Application for an Existing Title V Permit

Complete this form in accordance with the <u>instructions</u> (DEEP-TV-INST-100MM) to ensure the proper handling of your application. Print or type unless otherwise noted. **There is no fee required.**#1868]

This form is to be used for a Title V minor modification as described in RCSA section 22a-174-2a(e).

CPPU USE ONLY
Title V App No.:
Doc #:
Program/El/App Type:
Air Engineering/Title V/Minor Modification

Questions? Visit the Air Permitting web page or contact the Air Permitting Engineer of the Day at 860-424-4152.

Part I: Title V Permit Information

Provide the permit number and the expiration date of the permit to be modified.			
Title V Town-Permit Nos.:	Expiration Date:		

Part II: Applicant Information

- If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. The applicant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp)
- If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).
- If there are any changes or corrections to your company/facility or individual mailing or billing address or contact information, please complete and submit the <u>Request to Change Company/Individual Information</u> to the address indicated on the form. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office of Planning and Program Development (OPPD) at 860-424-3003. For any other changes you must contact the specific program from which you hold a current DEEP license.

	any carer changes you must contact are opt	zeme program mem miner yearne	
1.	Applicant:		
	Applicant Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.:	
	Contact Person:	Title:	
	*E-mail:		
	*By providing this e-mail address you are agre address, concerning the subject application. P		

DEEP-TV-APP-100MM 1 of 4 Rev. 06/07/17

receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.

Part II: Applicant Information (continued)

a)	Applicant Type (check one):			
	☐ individual ☐ federal agency ☐ state a	gency] municipality	☐ tribal
	*business entity (*If a business entity complete i through iii):			
	i) check type: corporation limited liability company limited partnership check type: Corporation limited liability company Other: Other:			
	ii) provide Secretary of the State business ID #: the Secretary of State's database (CONCORD). (www.		nformation can be	
	iii) Check here if your business is NOT registered with			,
b)	Applicant is Owner Operator (check all that apply)	•		
ъ) П	Check if any co-applicants. If so, attach additional sheet(s) with the			ahove
ш		·		
2.	Primary contact for departmental correspondence and i	nquiries, if diff	erent than the a	pplicant:
	Name:			
	Mailing Address:		- : 0 .	
	City/Town:	State:	Zip Code:	
	Business Phone:	ext.:		
	Contact Person:	Title:		
	*E-mail:			
	*By providing this e-mail address you are agreeing to receive electronic address, concerning the subject application. Plea to be sure you can receive e-mails from "ct.gov" addresses. address changes.	se remember to	check your secu	urity settings
3.	Authorized representative signing this application:			
	Name:	Title:		
	Effective Date:			
	Mailing Address:			
	City/Town:	State:	Zip Code:	
	Business Phone:	ext.:		
	Email:			
4.	Preparer of this application:			
	Name:			
	Mailing Address:			
	City/Town:	State:	Zip Code:	
	Business Phone:	ext.:		
	Contact Person:	Title:		
	Email:			
	Service Provided:			
	☐ Check here if additional sheets are necessary, and label and attach them to this sheet.			

Part III: Site Information

Name of Site or Facility:				
Location of Site or Facility: Street Address:				
City/Town:		State:	Zip Code:	
Part IV: Permit Mino	r Modification Inform	nation		
4. Towns of minor man	Pro estica accompany to DC	0.1 section 0.0s 474 0.s/s	Notice that and o	
	dification pursuant to RC			
Any modificatio inclusive	n not covered by permit rev	visions in RCSA sections	22a-174-2a(f)(2)(A) to (F),	
	Any modification allowed pursuant to the Title V minor permit modification criteria pursuant to 40 CFR §§70.7(e)(2)(i)(A)(1) to (6), inclusive, as amended from time to time			
2. Description of the proposed minor modification, including the basis for such modification, any proposed monitoring procedures, any increase in potential emissions resulting from the proposed modification, and an identification of all regulatory, statutory, or otherwise applicable requirements that would become applicable as a result of such modification:				
2a(e)(5)(F), a permittee m less than twenty-one days with the terms and conditi	nay implement the modificates after filing a complete app	ations proposed in the min plication with the commissified permit and the terms a	pecified in RCSA section 22a-174- nor permit modification application nationer. The permittee shall comply and conditions of the existing permits as a modified permit.	
any supporting document	below for each attachment	ents as indicated in this Pa	s application form. When submitting art (e.g., Attachment A, etc.) and be	
Attachment A:	Marked up copy of the cut the pages with such chan		proposed changes. Attach only	
Attachment B:	Written Authorization Form 002) IF APPLICABLE	RCSA section 22a-174-2a	<u>n(a)(2)(B)</u> (DEEP-TV-SIG-REG-	
☐ Attachment C:	Applicant Compliance Info	ormation (DEP-APP-002)	REQUIRED	
☐ Attachment D:	Other Supporting Docume	entation (specify): IF APP	LICABLE	

Part VI: Applicant Certification

The applicant *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered incomplete unless *all* required signatures are provided **and are the proper signatory authority as specified under Part VI in the instructions**. If the applicant is the preparer, please mark N/A in the spaces provided for the preparer.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.			
I understand that any false statement made in the submitted information may be punishable as a criminal offense under section 22a-175 of the Connecticut General Statutes, under section 53a-157b of the Connecticut General Statutes, and in accordance with any applicable statute.			
I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text."			
"I certify, in accordance with RCSA section 22a-174-2a(e)(3)(B)(ii) regulatory, statutory, or applicable requirements identified in the su			
Signature of Applicant	Date		
Printed Name of Applicant	Title (if applicable)		
Signature of Preparer (if different than above)	Date		
Printed Name of Preparer	Title (if applicable)		
Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. You must include signatures of any person preparing any report or parts thereof required in this application (i.e., professional engineers, consultants, etc.)			
Note: Please submit this completed Application Form and all Sup	porting Documents to:		

CENTRAL PERMIT PROCESSING UNIT DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION 79 ELM STREET HARTFORD, CT 06106-5127

Notes: A Permit Application Transmittal Form (DEP-APP-001) is **not** required with this application form.

A notice of permit application is **not** required for a minor modification permit application.

A copy of the above materials must also be submitted together as a package to:

EPA REGION I 5 POST OFFICE SQUARE - SUITE 100 MAIL CODE OEP05-02 BOSTON, MASSACHUSETTS 02109-3912