



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Materials Management & Compliance Assurance
Emergency Response & Spill Prevention Division

License Application for Marine Terminals

Please complete this form in accordance with the [instructions](#) (DEEP-MT-INST-300) to ensure the proper handling of your application. Print or type unless otherwise noted. You must submit the application fee along with this form.

CPPU USE ONLY
App #: _____
Doc #: _____
Check #: _____
Program: Marine Terminals

Part I: Application Type and Description

Check the appropriate box identifying the application type.

<p>This application is for (check one):</p> <p><input type="checkbox"/> A <i>new</i> license</p> <p><input type="checkbox"/> A <i>renewal</i> of an existing license</p> <p><input type="checkbox"/> A <i>modification</i> of an existing license</p>	<p>For renewals or modifications:</p> <p>Existing permit #: _____</p> <p>Note: License duration is three (3) years.</p>
<p>Town where site is located: _____</p>	
<p>Brief Description of Project: _____</p>	

Part II: Fee Information

<p>A fee of \$100.00 (\$916) is to be submitted with <i>each</i> new, renewal or modification application that you are submitting. The application will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection.</p>
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Part III: 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. If applicable, 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 there are any changes or corrections to your company/facility or individual mailing or billing address or contact information, please complete and submit the [Request to Change Company/Individual Information](#) 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.*

Part III: Applicant Information (continued)

1. Applicant Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.

a) Applicant Type (check one):

individual federal agency state agency municipality tribal

*business entity (*If a business entity complete i through iii):

i) check type: corporation limited liability company limited partnership

limited liability partnership statutory trust Other: _____

ii) provide Secretary of the State business ID #: _____ This information can be accessed at database (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp)

iii) Check here if your business is **NOT** registered with the Secretary of State's office.

b) Applicant's interest in property at which the proposed activity is to be located:

site owner option holder lessee

easement holder operator other (specify): _____

Check if any co-applicants. If so, attach additional sheet(s) with the required information as requested above.

2. Billing contact, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

3. Primary contact for departmental correspondence and inquiries, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

Part III: Applicant Information (continued)

4. Attorney or other representative, if applicable.

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Attorney:

Phone:

ext.

E-mail:

5. List the owner(s) of the facility to be licensed.

Check the box, if additional sheets are attached.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

6. Identify the operator, alternate operator and the manager of the terminal.

Operator Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Home Phone:

E-mail:

Alternate Operator Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Home Phone:

E-mail:

Terminal Manager Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Home Phone:

E-mail:

Part III: Applicant Information (continued)

7. Identify the Qualified Individual and Alternate Qualified Individual of the terminal (if different than Operator, Manager and Alternate Operator listed in items 6).

Qualified Individual Name:
Mailing Address:
City/Town: State: Zip Code:
Business Phone: ext.:
Home Phone: E-mail:

Alternate Qualified Individual Name:
Mailing Address:
City/Town: State: Zip Code:
Business Phone: ext.:
Home Phone: E-mail:

8. Engineer(s) or other consultant(s) employed or retained to assist in preparing the application or in designing or constructing the facility.

Name:
Mailing Address:
City/Town: State: Zip Code:
Business Phone: ext.:
Contact Person: Phone: ext.
E-mail:
Service Provided:
 Check here if additional sheets are necessary, and label and attach them to this sheet.

Part IV: Site Information

1. SITE NAME AND LOCATION

Name of Site :
Street Address or Location Description:

City/Town: State: Zip Code:
Tax Assessor's Reference: Map Block Lot

Part IV: Site Information (continued)

Please Note that if this is a timely license renewal, with no proposed modifications to the terminal, documentation from the previous application can be attached as responses to information requests #2 - #6 below:

2. **INDIAN LANDS:** Is or will the facility be located on federally recognized Indian lands? Yes No

3. **COASTAL BOUNDARY:** Is the activity which is the subject of this application located within the coastal boundary as delineated on DEEP approved coastal boundary maps? Yes No

If yes, and this application is for a new authorization or a modification of an existing authorization where the physical footprint of the subject activity is modified, you must submit a [Coastal Consistency Review Form](#) (DEEP-APP-004) with your application as Attachment C.

Information on the coastal boundary is available at www.cteco.uconn.edu/map_catalog.asp (Select the town and then select coastal boundary. If the town is not within the coastal boundary you will not be able to select the coastal boundary map.) or the local town hall or on the "Coastal Boundary Map" available at DEEP Maps and Publications (860-424-3555).

4. **ENDANGERED OR THREATENED SPECIES:** According to the most current "State and Federal Listed Species and Natural Communities Map", is the activity which is the subject of this application located within an area identified as a habitat for endangered, threatened or special concern?

Yes No Date of Map:

If yes, complete and submit a [Request for NDDB State Listed Species Review Form](#) (DEEP-APP-007) to the address specified on the form, **prior** to submitting this application. **Please note NDDB review generally takes 4 to 6 weeks and may require additional documentation from the applicant. A copy of the completed Request for NDDB State Listed Species Review Form and the CT NDDB response must be submitted with this completed application as Attachment D.**

For more information visit the DEEP website at www.ct.gov/deep/nddbrequest or call the NDDB at 860-424-3011.

5. **AQUIFER PROTECTION AREAS:** Is the site located within a mapped Level A or Level B [Aquifer Protection Area](#), as defined in CGS section 22a-354a through 22a-354bb?

Yes No If **yes**, check one: Level A **or** Level B

If **Level A**, are any of the [regulated activities](#), as defined in RCSA section 22a-354i-1(34), conducted on this site? Yes No

If **yes**, and your business is **not** already registered with the Aquifer Protection Program, contact the [local aquifer protection agent](#) or DEEP to take appropriate actions.

For more information on the Aquifer Protection Area Program visit the DEEP website at www.ct.gov/deep/aquiferprotection or contact the program at 860-424-3020.

6. **CONSERVATION OR PRESERVATION RESTRICTION:** Is the property subject to a conservation or preservation restriction? Yes No

If Yes, proof of written notice of this application to the holder of such restriction or a letter from the holder of such restriction verifying that this application is in compliance with the terms of the restriction, must be submitted as Attachment E.

Part V: Facility Inspection Documentation

Please include in the table below the most recent inspections conducted by a qualified engineer for each tank, dock, bulkhead and piping shown on the detailed site plans; a schedule for future tank inspections; and a testing schedule for any tank overfill alarms.

Tank ID	Year Built	Last Internal Inspection	Next Scheduled Internal Inspection	Last External Inspection	Next Scheduled External Inspection	API 570 Piping Inspection Date	API 651 CP Inspection Date	API 2350 O/F Protection	Overfill Alarm Schedule

Check here if additional sheets are necessary, and label and attach them to this sheet.

Part VI: Supporting Documents

Be sure to read the instructions (DEEP-MT-INST-300) to determine whether the attachments listed are applicable to your specific activity. Check the applicable box below for each attachment being submitted with this application form. **Attachments F through L shall be submitted in an electronic format on a CD.** Please be aware that the license will require that the original hard copies of Attachments (F through L, as applicable) are maintained at the terminal and that they will be immediately made available upon request. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on this application form.

- Attachment A: A full size original of a USGS Topographic Quadrangle Map indicating the exact location of the facility.
- Attachment B: [Applicant Compliance Information Form](#) (DEEP-APP-002) (if applicable)
- Attachment C: [Coastal Consistency Review Form](#) (DEEP-APP-004) (if applicable)
- Attachment D: Copy of the completed *Request for NDDB State Listed Species Review Form* (DEEP-APP-007) and] the NDDB response, if applicable.
- Attachment E: Conservation or Preservation Restriction Information, if applicable.

The following attachments shall be submitted in an electronic format on a CD.

- Attachment F: Spill Prevention Control and Countermeasure (SPCC) Plan. The full plan is provided electronically, including documentation of revisions, if applicable.
- Attachment G: Detailed Site Plan. The full plan is provided electronically, including documentation of revisions, if applicable.
- Attachment H: Facility Response Plan(s). The full plan is provided electronically, including documentation of revisions, if applicable.
- Attachment I: Spill Containment Equipment Listing. The full list is provided electronically, including documentation of revisions, if applicable.
- Attachment J: Terminal Operations Manual. The full manual is provided electronically, including documentation of revisions, if applicable.
- Attachment K: Additional Spill Prevention and Emergency Notification Precautions for Automated Terminals. Notification Precautions are provided electronically, including documentation of revisions, if applicable.
- Attachment L: **Date of Issuance of U.S. Coast Guard Certificate of Adequacy:** _____
Copy of certificate or supporting documentation must be provided electronically.

Part VII: Application Certification

The applicant(s) *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered insufficient unless *all* required signatures are provided.

<p>“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 the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that this permit application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.”</p>	
Signature of Applicant	Date
Name of Applicant (print or type)	Title (if applicable)
Signature of Preparer	Date
Name of Preparer (print or type)	Title (if applicable)
<input type="checkbox"/> Check here if additional signatures are necessary. If so, please reproduce this sheet and attach signed copies to this sheet.	

Note: Please submit the completed Application Form, Fee, and all Supporting Documents to:

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