



Connecticut Department of  
 Energy & Environmental Protection  
 Bureau of Air Management  
 Engineering & Enforcement Division

CPPU USE ONLY	
<b>Title IV App No.:</b>	_____
<b>Doc #:</b>	_____
<b>Program/EI/App Type:</b> Air Engineering/ <b>Title IV</b> /New	

## Title IV Permit Application Transmittal Form

Please complete this form in accordance with the [instructions](#) (DEEP-TIV-INST-100) to ensure the proper handling of your application. Print or type unless otherwise noted.

This form is to be used to submit a **new** Title IV permit application. **There is no fee required.**

Note: If you are applying for a *renewal* or a *revision* to an existing Title IV permit, please use the appropriate [Renewal Application Form](#) (DEEP-TV-APP-100) or [Revision Application Form](#) (DEEP-TV-APP-100R).

Questions? Visit the [Air Permitting](#) web page or contact the Air Permitting Engineer of the Day at 860-424-4152.

<b>Applicant Name:</b>	_____	<b>Town Where Site is Located:</b>	_____
<b>PUBLIC NOTICE INFORMATION</b>			
The public notice of application must be published <b>prior</b> to submitting an application, as required in CGS section 22a-6g. A copy of the public notice of application and the completed <a href="#">Certification of Notice Form</a> (DEEP-APP-005A) must be included as Attachment A to this application transmittal form. Your application will <b>not</b> be processed if Attachment A is not included.			<b>Date of Publication</b> _____

### Part I: Site Information

<b>SITE NAME AND LOCATION</b>			
<b>Name of Site</b>	_____		
<b>Street Address or Location Description</b>	_____		
<b>City/Town</b>	_____	<b>State</b>	_____
		<b>Zip Code</b>	_____

### 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. 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](#)).
- 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 [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 II: Applicant Information (continued)

1. APPLICANT INFORMATION					
<b>Applicant Name</b>	Check at least one: <input type="checkbox"/> equipment owner <input type="checkbox"/> equipment operator <i>The applicant must be either the owner or operator of the equipment.</i>				
<b>Mailing Address</b>					
<b>City/Town</b>		<b>State</b>		<b>Zip Code</b>	
<b>Business Phone No.</b>		<b>Extension No.</b>			
<b>Contact Person</b>					
<b>Title</b>					
<b>Email</b>	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.				
<b>Applicant Type</b>	<input type="checkbox"/> business entity <input type="checkbox"/> municipality <input type="checkbox"/> individual <input type="checkbox"/> federal agency <input type="checkbox"/> state agency <input type="checkbox"/> tribal				
	<b>If a business entity:</b>	<b>Business Type</b>	<input type="checkbox"/> corporation <input type="checkbox"/> limited liability company <input type="checkbox"/> limited partnership <input type="checkbox"/> limited liability partnership <input type="checkbox"/> statutory trust <input type="checkbox"/> Other:		
		<b>Secretary of the State business ID No.</b>	<input type="checkbox"/> Check here if your business is <b>NOT</b> registered with the Secretary of State's office.		
		<i>This information can be accessed at the Secretary of State's database (<a href="#">CONCORD</a>).</i>			
<b>Applicant's interest in property at which the proposed activity is to be located</b>	<input type="checkbox"/> site owner <input type="checkbox"/> option holder <input type="checkbox"/> lessee <input type="checkbox"/> easement holder <input type="checkbox"/> Other:				
<b>Are there co-applicants?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", attach additional sheet(s) with the required information as above.				
<b>Did the Applicant attend a Pre-Application Meeting with DEEP air staff?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Pre-Application Meeting:      Date of Meeting: <span style="margin-left: 400px;">Air Staff Name(s):</span>				
2. AUTHORIZED REPRESENTATIVE SIGNING THIS APPLICATION TRANSMITTAL FORM					
<b>Name</b>					
<b>Title</b>					
<b>Effective Date</b>					
<b>Mailing Address</b>					
<b>City/Town</b>		<b>State</b>		<b>Zip Code</b>	
<b>Business Phone No.</b>		<b>Extension No.</b>			
<b>Email</b>					

## Part II: Applicant Information (continued)

3. PRIMARY CONTACT FOR DEPARTMENTAL CORRESPONDENCE AND INQUIRIES (if different than the applicant)					
Name					
Title					
Company/Individual Name					
Mailing Address					
City/Town		State		Zip Code	
Business Phone No.		Extension No.			
Email					
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.					
4. EQUIPMENT OWNER OR EQUIPMENT OPERATOR (Only complete if applicant is not both equipment owner and operator)					
Name	Check one: <input type="checkbox"/> equipment owner <input type="checkbox"/> equipment operator				
Title					
Company/Individual Name					
Mailing Address					
City/Town		State		Zip Code	
Business Phone No.		Extension No.			
Email					
5. ENGINEER(s) OR CONSULTANT(s) EMPLOYED OR RETAINED TO ASSIST IN PREPARING THIS APPLICATION TRANSMITTAL FORM (If different than the applicant)					
Name					
Title					
Company/Individual Name					
Mailing Address					
City/Town		State		Zip Code	
Business Phone No.		Extension No.			
Email					
Service Provided					

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

## Part III: Attachments

Check the applicable box below for each attachment being submitted with this transmittal form. 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 transmittal form.

All referenced DEEP forms may be accessed electronically, in **WORD** and PDF versions, on the [Air Emissions Permits](#) webpage.

### Part III: Attachments (continued)

Attachment	Attachment Name	Form No.	Required?	Attached
A	Copy of Public Notice of Application and Original Certification of Notice Form	DEEP-APP-005A	Required	<input type="checkbox"/>
B	A completed <a href="#">EPA Phase II Acid Rain Permit Application Form</a> signed by the designated representative or alternate designated representative.	EPA Form 7610-16	Required	<input type="checkbox"/>
C	Written Authorization Form RCSA section 22a-174-2a(a)(2)(B)	DEEP-TV-SIG-REG-002	If Applicable	<input type="checkbox"/>
D	Applicant Compliance Information Form	DEEP-APP-002	Required	<input type="checkbox"/>

### Part IV: Applicant Certification

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

<p><b>“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.</b></p> <p>I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</p> <p>I certify that I have complied with all notice requirements as listed in section 22a-6g of the General Statutes.”</p>			
<b>APPLICANT:</b>			
<b>Signature of Applicant</b>		<b>Date</b>	
<b>Name of Applicant (print or type)</b>			
<b>Title (if applicable)</b>			
<b>PREPARER:</b>			
<b>Signature of Preparer</b>		<b>Date</b>	
<b>Name of Preparer (print or type)</b>			
<b>Title (if applicable)</b>			

Submit completed form and all applicable attachments to:

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

A copy of the published notice of the permit application must also be sent to the chief elected official of the municipality in which the regulated activity is proposed.