

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

2. Check the box that most accurately describes the reason for the request for an Administrative Amendment:

<input type="checkbox"/> Correction of a typographical error
<input type="checkbox"/> Change in the name, address, or contact information for the Responsible Official
<input type="checkbox"/> Permittee requires more frequent monitoring or reporting
<input type="checkbox"/> Change of ownership or operational control, in accordance with COMAR 26.11.03.15B(4)
<input type="checkbox"/> Incorporation of Permit to Construct requirements in accordance with COMAR 26.11.03.15B(5)
<input type="checkbox"/> Other: _____ This change requires the approval of the Department and Region III of the EPA to be processed as an Administrative Amendment

3. In the Space Below, Describe Fully the Reason for the Request:



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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

