



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

Revision Application for an Existing New Source Review Permit

This form is to be used for a New Source Review permit revision as described in [RCSA section 22a-174-2a\(f\)](#). Submit one application form for each permit to be revised.

Complete this form in accordance with CGS section 22a-174, RCSA sections 22a-174-1, 2a and 3a and the [instructions](#) (DEEP-NSR-INST-200R) to ensure the proper handling of your application. Print or type unless otherwise noted. You must submit the fee along with this form.

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

CPPU USE ONLY
App #: _____
Doc #: _____
Check #: _____
Program/EI/App Type: Air Engineering/NSR/Revision

Applicant Name			
Town Where Site is Located		Existing Permit No.	

Part I: Fee Information

There are two options available for payment. **Option 1:** Submit the full permit revision fee of \$1,750.00, which includes the \$940.00 application fee, with this application form. This option will shorten the permit process. **Option 2:** Submit only an application fee of \$940.00 with this application form and be billed the balance of the permit revision fee at a later date.

The fee for a municipality is 50% of the above listed rate. The application will not be processed until DEEP receives the application fee. The fee shall be paid by check or money order to the Department of Energy and Environmental Protection. There is no fee to correct a clerical error made by the Department.

Fee Type (Check One Only)	Option 1	<input type="checkbox"/> Permit Revision fee = \$1,750 [#195 + #209] (< major emitting equipment) <input type="checkbox"/> Permit Revision fee = \$1,750 [#195 + #208] (major emitting equipment)
	Option 2	<input type="checkbox"/> Application fee only = \$940 [#195] (Permit fee balance will be billed later.)
	Department Clerical Error	<input type="checkbox"/> No fee [#1485]
Municipality (Any Town, City or Borough)	<input type="checkbox"/> No <input type="checkbox"/> Yes, 50% discount	

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). (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 [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			
Applicant Name	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>		
Mailing Address			
City/Town	State	Zip Code	
Business Phone No.	Extension No.		
Contact Person			
Title			
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.		
Applicant Type	<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		
	If a business entity:	Business Type	<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:
		Secretary of the State Business ID No.	<input type="checkbox"/> Check here if your business is NOT registered with the Secretary of State's office.
		<i>This information can be accessed at the Secretary of State's database (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp)</i>	
Applicant's Interest in Property at which the Proposed Activity is to be Located	<input type="checkbox"/> site owner <input type="checkbox"/> option holder <input type="checkbox"/> lessee <input type="checkbox"/> easement holder <input type="checkbox"/> Other:		
Are there co-applicants?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", attach additional sheet(s) with the required information as above.		

Part II: Applicant Information (continued)

2. 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.			
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.					
3. 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.			
E-mail					
4. ENGINEER(s) OR CONSULTANT(s) EMPLOYED OR RETAINED TO ASSIST IN PREPARING THIS APPLICATION (if different than the applicant)					
Name					
Title					
Company/Individual Name					
Mailing Address					
City/Town		State		Zip Code	
Business Phone No.		Extension No.			
E-mail					
Service Provided					

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

Part III: Permit Revision Information

1. SITE NAME AND LOCATION				
Name of Site				
Street Address or Location Description				
City/Town		State	Zip Code	
2. EXISTING PERMIT NO.				
3. TYPE OF REVISION (check all that apply)		<input type="checkbox"/> Correcting a clerical error made by the Department <input type="checkbox"/> Revising the address or phone number of any person identified in such permit, or making another revision reflecting a similarly minor administrative change at or concerning the subject source <input type="checkbox"/> Requiring more frequent or additional monitoring, record keeping or reporting <input type="checkbox"/> Implementing a fuel conversion described in RCSA section 22a-174-3a(a)(2)(A)(iii) or (iv).		
4. DESCRIPTION OF REVISION				

Note: Pursuant to RCSA section 22a-174-2a(f)(4), upon submitting to the commissioner a written request for a permit revision under RCSA section 22a-174-2a(f), a permittee may make changes as set forth in such request.

Part IV: Attachments

Check the applicable box below for each attachment being submitted with this application form. All referenced forms may be accessed electronically, in WORD and PDF versions, on the [Air Emissions Permits](#) webpage. Check all that apply.

If any of the following are true...	Attach...	Required?	Attached
Permit is being revised	Marked up copy of the current NSR permit noting proposed changes Use redline to delete language and uppercase font to add proposed new language	Required	<input type="checkbox"/>
Implementing a fuel conversion	<i>Fuel Burning Equipment Form</i> (DEEP-NSR-APP-202)	If Applicable	<input type="checkbox"/>

Part V: Applicant Certification

The authorized representative **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 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.</p> <p>I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.”</p>			
APPLICANT:			
Signature of Applicant		Date	
Name of Applicant (print or type)			
Title (if applicable)			
PREPARER:			
Signature of Preparer		Date	
Name of Preparer (print or type)			
Title (if applicable)			

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

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

A public notice of permit application is **not** required for a permit revision application.