

## APPLICATION FOR NON-MAJOR FACILITIES

Item 1 – **Amendment Type** - At least one of the five Amendment Type check boxes below must be checked. Applications without one of the boxes checked will be returned.

- **Change in Facility Name** – check this box if your facility’s name has changed.
- **Change in Facility Mailing Address** - check this box if your facility’s mailing address has changed.
- **Correction to Physical Plant Address** - check this box if your facility’s street address is incorrect due to a post office, municipality, or county address change.
- **Change in Facility Contact Information** - check this box if your facility’s contact information (e.g. contact person, title, telephone, fax or email) has changed.
- **Transfer of Ownership** - check this box if this is for a transfer of ownership.

Item 2 – **Facility ID** – Provide your 5 digit Air Permit Facility ID. (required) \*\*  
If you do not know your Air Permit Facility ID please contact us at (609) 984-7942 or (609) 292-2545 and we will provide the number.

Item 3 – **Physical Plant Address** – Provide the physical plant address for your facility. Include street address, city, state and zip code. (required)

Item 4 – **New Facility Name** – Provide your facility’s new name. (required only if you checked the Change in Facility Name check box in Item 1 above)

Item 5-9 – **New Facility Mailing Address** – Provide your facility’s new mailing address. (required only if you checked the Change in Facility Mailing Address check box in Item 1 above)

Item 10 – **Previous Business Name** – Provide the business name of the facility before the transfer of ownership or name change. (required only if you checked the Transfer of Ownership check box in Item 1 above)

Item 11 – **Date of Transfer of Ownership** – Provide the date of transfer of ownership. (required only if you checked the Transfer of Ownership check box in Item 1 above)

Item 12 – **Activity Numbers to be transferred if you are not transferring the entire facility.** Enter the activity numbers of the permits for which you are assuming only if you are not assuming ownership of the entire facility. If you have more activity numbers to transfer than the space provided on this form, you may attach a separate list.

### **Contact Type Information**

Provide information for each of the contact types listed on Page 2. Of these, the Responsible Official is the most important. Future correspondence pertaining to the Air Permits will be directed to the attention of the Responsible Official. Bills pertaining to the Air Permits will be directed to the attention of the Fee/Billing Contact.

Valid contact telephone numbers and mailing addresses are essential for purposes of correspondence, billing and inquiries. An email address (if available) is useful for the same purposes and will help us simplify and streamline the permitting process. In addition, an email address will allow DEP to keep permittees apprised of changes in regulations, fee schedules and initiatives mandated by the Agency or State and disseminate news of interest.

Item 13 – **Contact Name** – Provide the contact’s name. (required)

Item 14 – **Title** – Provide the contact’s title. (required)

Item 15 – **Telephone** – Provide the contact’s telephone number. (required)

Item 16 - **Fax** – Provide the contact’s fax number.

Item 17 – **Email** - Provide the contact’s email. (required)

Item 18 – **NJ Tax ID (EIN)** - Provide the contact’s NJ Tax ID number, if available.

Item 19 – **Company Name** – Provide the name of the entity employing the contact. This may be the same as the facility or may be different as in the case when a facility uses and Environmental Consulting Firm or is managed by a Real Estate Management Co. (required)

Item 20 – **Organization Type** – Provide the organization type for the company listed in Item 19 above. The available organization types are listed at the top of page 2 of this application.

Item 21-25 – **Mailing Address** – Provide the mailing address for the company listed in Item 19 above. (required)

Item 26 – **Date** - Provide the date this application is being submitted.  
(required)

Item 27 – **Name of Responsible Official** - Provide the name of the  
Responsible Official. (required)

Item 28 - **Responsible Official's Title** - Provide the title of the Responsible  
Official. (required)