**PLEASE DO NOT SEND A COPY OF THE INSTRUCTIONS IN WITH YOUR APPLICATION**

If you have any questions while filling out this form, please contact the Bureau of Air Quality, Engineering Services Division by calling (803) 898-4123. Submit application to (must have original signatures – scanned, copied, electronic, etc. signatures will not be accepted):

**Engineering Services Division Director**

**Bureau of Air Quality**

**2600 Bull Street**

**Columbia, South Carolina, 29201**

The information provided in this form is needed to identify the Construction Permit Application Forms that have been amended which are being resubmitted for review of the proposed revision to the original construction permit. This form must also include a brief description of the facility's proposed revisions. All revised forms and their required attachments and additional information must be submitted with this construction permit application revision request package.

You may add additional rows in a table by selecting the **“unprotect document”** or **“stop protection”** function. The location and use of this function varies depending on your version of Word. The forms **“protect document”** tool should then be reselected so that you may resume navigating through the forms with the “tab” key.

**Construction Permit Identification**

*Construction Permit ID:* Provide the construction permit ID (e.g. CA, CB, etc.) that was assigned by the Bureau of Air Quality for the construction permit that needs revision.

*Date Issued:* Provide the date the Bureau of Air Quality issued the original construction permit ID that the facility is requesting to revise, if applicable. If not, please mark N/A.

*Revision Request Date:* The date this application revision request package is being submitted to the Bureau of Air Quality. Please ensure that the *Application Revision Request Submittal Date* is the same on all of the forms and required information submitted in this construction permit application revision package.

**Construction Permit Application Forms Being Revised**

D-2566 Facility Information

D-2567 Equipment / Processes

D-2569 Emissions

D-2570 Regulatory Review

D-2573 Modeling Information

*Date of Original Submittal:* Date the original construction permit application package was submitted.

*Brief Description of Revision:* A brief written narrative of the proposed revision to the construction project. Provide one or two paragraphs describing the proposed revision. Describe the equipment that will be added, modified or removed. The process should be described here including a discussion of any effects the project will have on the overall facility such as the need to take limits to avoid certain regulations.

| **CONSTRUCTION PERMIT IDENTIFICATION** | | | |
| --- | --- | --- | --- |
| SC Air Permit Number *(8-digits only)*  *(Leave blank if unknown or has never been assigned)*       - | Construction Permit ID | Date Construction Permit Issued | Revision Request Date |
| Facility Name *(This should be the name used to identify the facility)* | | | |

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| --- | --- | --- | --- | --- |
| **CONSTRUCTION PERMIT APPLICATION FORMS BEING REVISED**  *(Amended construction permit forms must be filled out completely and attached to this modification request.)* | | | | |
| **Form #** | **Date of Original Submittal** | **Brief Description of Revision** | | |
| D-2566 |  |  | | |
| D-2567 |  |  | | |
| D-2569 |  |  | | |
| D-2570 |  |  | | |
| D-2573 |  |  | | |
| **OWNER OR OPERATOR** | | | | |
| Title/Position: | | Salutation: | First Name: | Last Name: |
| Mailing Address: | | | | |
| City: | | | State: | Zip Code: |
| E-mail Address: | | | Phone No.: | Cell No.: |
| **OWNER OR OPERATOR SIGNATURE** | | | | |
| I certify, to the best of my knowledge and belief, that no applicable standards and/or regulations will be contravened or violated. I certify that any application form, report, or compliance certification submitted in this permit application is true, accurate, and complete based on information and belief formed after reasonable inquiry. I understand that any statements and/or descriptions, which are found to be incorrect, may result in the immediate revocation of any permit issued for this application. | | | | |
|  | | | |  |
| Signature of Owner or Operator | | | | Date |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **AIR PERMIT CONSULTANT**  *(If not the same person as the Professional Engineer.)* | | | | | |
| Consulting Firm Name: | | | | | |
| Title/Position: | Salutation: | | First Name: | Last Name: | |
| Mailing Address: | | | | | |
| City: | | | State: | Zip Code: | |
| E-mail Address: | | | Phone No.: | Cell No.: | |
| **PROFESSIONAL ENGINEER INFORMATION** | | | | | |
| Consulting Firm Name: | | | | | |
| Title/Position: | Salutation: | | First Name: | Last Name: | |
| Mailing Address: | | | | | |
| City: | | | State: | Zip Code: | |
| E-mail Address: | | | Phone No.: | Cell No.: | |
| SC License/Registration No.: | | | | | |
| **PROFESSIONAL ENGINEER SIGNATURE** | | | | | |
| I have placed my signature and seal on the engineering documents submitted, signifying that I have reviewed this construction permit application as it pertains to *South Carolina Regulation 61-62, Air Pollution Control Regulations and Standards*. | | | | | |
|  | |  |  | | |
| Signature of Professional Engineer | | Date |