



APPLICATION FORM FOR PERMIT/PERMIT MODIFICATIONS TO OPERATE A SOLID WASTE MANAGEMENT FACILITY

For SNHD Use Only

CONTROL/PERMIT NUMBER: _____

- New Permit
 Waiver/Variance

- Revision - Major Modification
 Revision - Minor Modification

1. Type of Solid Waste Management Facility

- | | | |
|--|---|--|
| <input type="checkbox"/> Class I Disposal Site | <input type="checkbox"/> Class II Disposal Site | <input type="checkbox"/> Class III Disposal Site |
| <input type="checkbox"/> Compost Plant | <input type="checkbox"/> Materials Recovery Facility | <input type="checkbox"/> Medical Waste Management Facility |
| <input type="checkbox"/> Recycling Center | <input type="checkbox"/> Solid Waste Storage Bin Facility | <input type="checkbox"/> Transfer Station |
| <input type="checkbox"/> Waste Grease Facility | <input type="checkbox"/> Waste Tire Management Facility | <input type="checkbox"/> Waste to Energy/Fuel Facility |

2. Name of Facility

Fictitious Firm Name (dba)	
Facility Address	<i>Street Address</i> _____ <i>City, State, Zip</i> _____
	<i>Telephone Number</i> _____ <i>Emergency Telephone Number</i> _____
	<i>Jurisdiction</i> _____ <i>Zoning Classification (e.g. M-1, M-2, etc)</i> _____
	<i>Parcel Number (s)</i> _____
Mailing Address	<i>Street Address/PO Box</i> _____ <i>City, State, Zip</i> _____
Contact Information	<i>Name</i> _____
	<i>Phone Number</i> _____ <i>Email Address</i> _____

**3. Name of Facility/
Business Owner (Legal)**

<i>ie Corporation, Sole Proprietorship, or Last Name, First Name & Middle Initial</i>	
Mailing Address	<i>Street Address</i> _____ <i>City, State, Zip</i> _____
Telephone Number(s)	<i>Telephone Number</i> _____ <i>Fax Number</i> _____

**4. Name of Facility/
Business Operator**

<i>ie Corporation, Sole Proprietorship, or Last Name, First Name & Middle Initial</i>	
Address	<i>Street Address</i> _____ <i>City, State, Zip</i> _____
Telephone Number(s)	<i>Telephone Number</i> _____ <i>Emergency Telephone Number</i> _____

5. Facility Design Parameters	<i>Inside Area (Sq. Ft):</i> _____	<i>Storage Capacity (cubic yards)</i> _____	<i>Processing Capacity (i.e. cubic yds/day; tons/day)</i> _____
	<i>Total Area (Sq. Ft):</i> _____		

MODIFICATION DESCRIPTION: _____

6. Solid Waste Types Proposed for Acceptance Complete and attach the SOLID WASTE TYPES PROPOSED FOR ACCEPTANCE form			
7. Facility Operations	<i>Hours of Operations</i>		<i>Days of Operation</i>
Open to the Public <i>(If no, type N/A)</i>	<i>Hours of Operations</i>		<i>Days of Operation</i>
8. Name of Property Owner	<i>ie Corporation, Sole Proprietorship, or Last Name, First Name & Middle Initial</i>		
Telephone Number(s)			
Address	<i>Street Address</i>		<i>City, State, Zip</i>
9. Professional Engineer or Consultant	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
License Number/Engineer Discipline (if applicable)			
Firm Name			
Telephone Number(s)			<i>Cell Phone Number</i>
Address	<i>Street Address</i>		<i>City, State, Zip</i>
Email Address			
<i>This application form and supporting documents, as required by the current version of the Application Guide for this facility type, are hereby submitted to SNHD to apply for a permit to operate or modify a solid waste management facility. We understand that receipt of this application does not constitute an approval to operate or modify the facility. We understand that this application must be approved by SNHD and a permit issued before the operation or modification of the facility. We certify that the Report of Design supports the Report of Operating Plan. We certify that, to the best of our knowledge, the information provided on this application and submitted with this application in the supporting documents is complete and accurate and complies with the requirements specified in the current version of the Application Guide for this facility type and the Solid Waste Management Authority Regulations for this type of Solid Waste Management Facility.</i>			
10. Certifications			
PE stamp, expiration date, signature and signature date	Signature of Applicant Agent (facility owner or operator)		
	Printed name of Applicant Agent (facility owner or operator)		
	Title of Applicant Agent (facility owner or operator)		
	Telephone Number		
	Date of Signing		
11. Receipt of Application (for SNHD use only)			
SNHD date stamp	Signature of SNHD staff		
	Printed name of SNHD staff		
	Title of SNHD staff		

**If any portion or all of the Permit Application is marked
'CONFIDENTIAL,' mark in Table of Contents.**