



# 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

Street Address	City, State, Zip
Telephone Number	Emergency Telephone Number
Jurisdiction	Zoning Classification (e.g. M-1, M-2, etc)
Parcel Number (s)	

### Mailing Address

Street Address/PO Box	City, State, Zip
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### Contact Information

Name	
Phone Number	Email Address

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

*ie Corporation, Sole Proprietorship, or Last Name, First Name & Middle Initial*

### Mailing Address

Street Address	City, State, Zip
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### Telephone Number(s)

Telephone Number	Fax Number
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## 4. Name of Facility/ Business Operator

*ie Corporation, Sole Proprietorship, or Last Name, First Name & Middle Initial*

### Address

Street Address	City, State, Zip
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### Telephone Number(s)

Telephone Number	Emergency Telephone Number
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## 5. Facility Design Parameters

Inside Area (Sq. Ft):	Storage Capacity (cubic yards)	Processing Capacity (i.e. cubic yds/day; tons/day)
Total Area (Sq. Ft):		

## 6. Solid Waste Types Proposed for Acceptance

Complete and attach the SOLID WASTE TYPES PROPOSED FOR ACCEPTANCE form

<b>7. Facility Operations</b>	<i>Hours of Operations</i>		<i>Days of Operation</i>	
<b>Open to the Public</b> <i>(If no, type N/A)</i>	<i>Hours of Operations</i>		<i>Days of Operation</i>	
<b>8. Name of Property Owner</b>	<i>ie Corporation, Sole Proprietorship, or Last Name, First Name &amp; Middle Initial</i>			
<b>Telephone Number(s)</b>				
<b>Address</b>	<i>Street Address</i>		<i>City, State, Zip</i>	
<b>9. Professional Engineer or Consultant</b>	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
<b>License Number/Engineer Discipline (if applicable)</b>				
<b>Firm Name</b>				
<b>Telephone Number(s)</b>			<i>Cell Phone Number</i>	
<b>Address</b>	<i>Street Address</i>		<i>City, State, Zip</i>	
<b>Email Address</b>				
<p><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></p>				
<b>10. Certifications</b>				
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			
<b>11. Receipt of Application (for SNHD use only)</b>				
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.**