

E1 - BULK SOLID MATERIALS STORAGE APPLICATION

PROPERTY INFORMATION

Date: _____

Address: _____

AKA: _____

City: _____ State: _____ Zip: _____

Parcel ID #(s): _____ Total Acres: _____

Lot Width: _____ Depth: _____

FACILITY INFORMATION (Check all that Apply)

- New Existing Addition
 Carbonaceous Materials General Bulk Solid Material Scrap Processor
 Certificate of Operation Temporary Certificate of Operation Certificate of Alternate Compliance

IDENTIFICATION

PROPERTY OWNER Property Owner is the applicant

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____

Email (Required): _____

FACILITY OPERATOR Facility Operator is the applicant

Name: _____

Company Name: _____

Phone: _____ Email (Required): _____

You must attach an electronic copy of your state operating plan or your fugitive dust plan.

FOR DEPARTMENT USE ONLY

Received by: _____

Review and Inspection Due By: _____ Date: _____

Assigned to: _____

Current Legal Land Use: _____

Zoning District: _____ Zoning Grants: _____

