Ohio Environmental Protection Agency

Division of Materials and Waste Management

Solid Waste Incinerator Facility
Energy Recovery Facility
PTI Application Form

Ohio EPA Use Only
Secondary ID:
Date Received:

Section 1: Facility Information

Permit to Install Facility Information		
Legal Name:		
Street Address:		
City:	State: Ohio	ZIP:
County:	Lat./Long./ Center of Facility:	

Applicant Information		
Applicant Name:		
Company:		
Mailing Address:		
City:	State:	ZIP:
Phone Number:	Email Address:	

Property Owner (if different from Applicant) The owner hold title to the land		
Property Owner Name:		
Parcel Number(s):		
Mailing Address:		
City:	State:	ZIP:
Phone Number:	Email Address:	
Please attach additional entries for each property owner as needed.		

Operator Information (if different from applicant) The operator has supervisory authority over the facility		
Operator Name:		
Mailing Address:		
City:	State:	ZIP:
Phone Number:	Email Address:	

Section 1: Facility Information (continued)

Preparer Information		
Preparer Name:		
Company:		
Mailing Address:		
City:	State:	ZIP:
Phone Number:	Email Address:	

Certification

The applicant, owner, or operator signing this application form shall be one of the following:

1. In the case of a corporation, a principal executive officer of at least the level of vice president or a duly authorized representative, if such representative is responsible for the overall operation of the facility.
2. In the case of a partnership, a general partner.
3. In the case of a limited liability company, a manager, member, of other duly authorized representative of the limited liability company, if such representative is responsible for the overall operation of the facility.
4. In the case of sole proprietorship, the owner.
5. In the case of a municipal, state, federal, or other government facility, the principal executive officer, the ranking elected official or other duly authorized employee.

By signing this document, I hereby certify that all statements and all assertions of fact made in the document to the best of my knowledge and belief are true and accurate, include all required information, and comply fully with applicable rules.

Printed Name:	Title:
Signature:	Date:
Application Fee Enclosed:	☐

Section 2: Additional Information

Reason for Application (Check all that apply)

☐	New Facility	☐	Substantial expansion of the waste handling area or substantial change in the location of the waste handling area.	☐	Call-in, ORC 3734.05(A)(3)
☐	Increase in capacity	☐	Change in the technique of waste receipt or type of waste received		

Facility Classification **Indicate the proposed classification of the facility**			
☐	Solid Waste Incinerator	☐	Energy Recovery

Variances, Exemptions, Alternatives

Variance, Exemption, or Alternative	Citation	Description

Please attach additional entries as needed.

Applicant's Meeting (required by Ohio Revised Code 3734.05)	
Location:	Anticipated Date:

Licensing Authority (Ohio EPA or local Board of Health, if approved)
Licensing Authority:

Nearest Domicile (not owned by applicant) to Waste Handling Area	
Owner of Domicile:	Distance:

Section 2: Additional Information (continued)

Facility Size	
Total Facility Area (acres):	Area Owned by Applicant (acres):
	Area Leased by Applicant (acres):

	Area, Other (acres): Explain:
Waste Handling Area Size	
Total Waste Handling Area (square feet):	Area Previously Approved (square feet):
	New Area Added or Subtracted by this Permit (square feet):
Expected Daily Waste Receipt	
Anticipated Daily Waste Receipt:	Current Daily Waste Receipt: if any:
Type(s) of Waste to be Received by the Facility	
Please attach additional entries as needed.	

Section 3: Multimedia Information

This section asks for information regarding authorizations that may be required by other divisions within Ohio EPA or from other entities.

Division of Surface Water		
Current NPDES Permit?	☐ Yes	☐ No
Permit Number:		
Date Issued:		
Expiration Date:		

Section 3: Multimedia Information (continued)

New/Modified DSW Permit Application				
Required?	☐ Yes		☐ No	
Submitted?	☐ Yes	☐ No	Date:	App #:
Issued?	☐ Yes	☐ No	Date:	Permit #:

Division of Air Pollution Control				
Current DAPC Permit(s)?	☐ Yes		☐ No	
Permit Number(s):				
Date(s) Issued):				
Expiration Date(s):				
New/Modified DAPC Permit Application				
Required?	☐ Yes		☐ No	
Submitted?	☐ Yes	☐ No	Date:	App #:
Issued?	☐ Yes	☐ No	Date:	Permit #:

Other Authorizations (license, other permits, plan approvals, etc.)		
Other Authorization	**Local, State, or Federal Office**	**Date Applied For**
Please attach additional entries as needed.		