



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		
<p>The applicant, owner, or operator signing this application form shall be one of the following:</p> <ol style="list-style-type: none"> 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, or 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. <p>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.</p>		
Printed Name:	Title:	
Signature:		Date:
Application Fee Enclosed:		<input type="checkbox"/>

Section 2: Additional Information

Reason for Application (Check all that apply)					
<input type="checkbox"/>	New Facility	<input type="checkbox"/>	Change to the limits of waste handling area	<input type="checkbox"/>	Call-in, ORC 3734.05(A)(3)
<input type="checkbox"/>	Change in technique of waste receipt or type of waste received				



Section 2: Additional Information (continued)

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:
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:



Section 2: Additional Information (continued)

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?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Permit Number:				
Date Issued:				
Expiration Date:				
New/Modified DSW Permit Application				
Required?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Submitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	App #:
Issued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	Permit #:
Division of Air Pollution Control				
Current DAPC Permit(s)?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Permit Number(s):				
Date(s) Issued):				
Expiration Date(s):				
New/Modified DAPC Permit Application				
Required?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Submitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	App #:
Issued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	Permit #:



Section 3: Multimedia Information (continued)

Other Authorizations (license, other permits, plan approvals, etc.)		
Other Authorization (including any reference number)	Local, State, or Federal Office	Date Applied For/Issue Date
Please attach additional entries as needed.		