



**Minnesota Pollution Control Agency**

520 Lafayette Road North  
St. Paul, MN 55155-4194

# CAP-ADM

## Capped Permit Administrative Changes

Air Quality Permit Program

*Doc Type: Permit Application*

Use this document to identify administrative changes that have occurred at your facility and that require a permit action under Minn. R. 7007.1142, subp. 5.

Facility name: \_\_\_\_\_

Facility permit number: \_\_\_\_\_

Who can we call if we have questions about the information completed on this document?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Check all that apply:**

Change in facility name

Change in facility ownership – date of change: \_\_\_\_\_ Include all information listed in Minn. R. 7007.1400, subp. 1.E. (a written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the current and new permittee)

Change in ownership name

The three options above require a permit action.

If you need to change the general contact information for your facility (e.g., contact or billing name, phone number, e-mail, etc.), this does not require a permit action. but you do need to notify the Minnesota Pollution Control Agency (MPCA) so that we have current information for your facility. Do not use this form, but instead submit a letter to the MPCA's Air Quality Permit Document Coordinator, IND/AQP, explaining the changed information.

**Complete items 1) - 8) with the information that should be on record for the facility:**

1) Facility Name: \_\_\_\_\_

2) Facility Location: (If the facility is located within the city limits of Minneapolis, provide a map showing the exact location.)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ MN County: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

3) Corporate/Company Owner:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Owner Classification:  Private  Local Govt.  State Govt.  Federal Govt.  Utility

4) Corporate/Company Operator (if different than owner):

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

5) Co-permittee (if applicable):  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

6) Legally responsible official for this permit/facility:  
Mr./Ms.: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Fax: \_\_\_\_\_  
At (check one):  Owner Address  Operator Address  Emission Facility Address  
 Other (specify): \_\_\_\_\_

7) Contact person for this permit:  
Mr./Ms.: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Fax: \_\_\_\_\_  
At (check one):  Owner Address  Operator Address  Emission Facility Address  
 Other (specify): \_\_\_\_\_  
E-mail address: \_\_\_\_\_

8) All billings for annual fees should be addressed to:  
Mr./Ms.: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Fax: \_\_\_\_\_  
At (check one):  Owner Address  Operator Address  Emission Facility Address  
 Other (specify): \_\_\_\_\_

**Complete item 9) if this includes a change in ownership and/or operational control:**

**9) Certification:**

I am applying for change of ownership/operational control. I am willing to comply with the terms of the existing permit.  
Person certifying this permit application:

Mr/Ms: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Fax: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Date transfer of ownership will occur: \_\_\_\_\_

**Complete item 10) if this includes a change in facility location:**

**10) Facility relocation.**

- Facility will not be relocated
- Facility is a portable plant and will be relocated to location authorized by the existing permit. Notify the MPCA each time the facility changes location by submitting Form RE-01, Relocation Notification.
- Facility is not a portable plant and will be relocated. The following conditions apply:

You must submit a new application for a capped permit to the MPCA prior to relocation. You may supplement information provided in a previous application to meet the application content requirements in Minn. R. 7007.1145 (Capped permit application) and simply reference forms previously submitted that have not changed. If the MPCA determines that your facility remains eligible, a new capped permit will be issued for the new location and the MPCA will void the permit for the previous location. You must receive the new capped permit **prior** to relocation.

If you plan to relocate your facility and you will no longer qualify for any capped permit option, you must apply for a new permit type and receive the new permit **before** moving to a different location.

Copies of the forms mentioned in this document are available on the MPCA Web site at <http://www.pca.state.mn.us/air/permits/forms.html>.

Minnesota Rules can be found at: [http://www.pca.state.mn.us/air/air\\_mnrules.html](http://www.pca.state.mn.us/air/air_mnrules.html).

**If any of the above administrative changes requiring a permit action have been made, return this form and Form SCP-01 to:**

Air Permit Document Coordinator  
Industrial Division  
Minnesota Pollution Control Agency  
520 Lafayette Road North  
St. Paul, Minnesota 55155

***If none of the above administrative changes have been made, please do not return this document.*** If you need to change the general contact information for your facility (e.g., contact or billing name, phone number, e-mail, etc.), this does not require a permit action. but you do need to notify the MPCA so that we have current information for your facility. Do not use this form, but instead submit a letter to the MPCA's Air Quality Permit Document Coordinator, IND/AQP, explaining the changed information.

The MPCA appreciates your efforts in providing up-to-date information about your facility. If you have any questions, please feel free to contact the MPCA at 651-296-6300 or 1-800-657-3864.