



**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 or will occur at a facility holding a capped permit 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 or control; date of change: _____
(mm/dd/yyyy)

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 owner's or operator's 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 new information that should be put 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(s):

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

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

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

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

5) Co-permittee(s) (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 certify that the new owner/operator will comply with the terms of the existing permit. I further certify that the owners and operator identified in this form are all of the owners and operators of the permitted facility. Person certifying this permit application:

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

Complete item 10) to identify 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. This form is not the tool for applying for such a permit. Obtain the appropriate permit application forms from <http://www.pca.state.mn.us/air/permits/forms.html>

Copies of the forms mentioned in this document are available on the MPCA website 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.

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

Fiscal Services
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.