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| Image of MPCA logo with St. Paul office address  Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | CAP-ADMCapped Permit Administrative ChangesAir Quality Permit Program*Doc Type: Permitting 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.

|  |  |
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| 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:**

**Note:** Once the e-service is available, capped permit holders can electronically apply for an administrative change to their permit. To use this service, go to the MPCA's e-Services website at <https://www.pca.state.mn.us/data/e-services>. At some point permit holders will be required to use e-Services for administrative permit changes. After that, paper change requests submitted will be denied. Check MPCA website for current status.

[ ]  Change in facility name

|  |  |  |
| --- | --- | --- |
| [ ]  Change in facility ownership or control; 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.) |
|  | *(mm/dd/yyyy)* |

[ ]  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, email, etc.), this does not require a permit action. **But you do need to notify the Minnesota Pollution Control Agency (MCPA) 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.**

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| **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: |       |

**Note:** All owners and operators must be listed on the permit forms and are included on the permit.An owner or operator is a corporation, partnership, sole proprietorship, municipality, state, federal or other public agency who owns, leases, operates, controls, or supervises, to any degree, an emissions unit, emission facility or stationary source. For example, if the facility is owned by a partnership, then the second owner's name and information are included at item 6 of this form. Another example is two facilities, owned separately, where one facility exists to support the other; both facilities are subject to one permit, the two owners are listed on the permit, and need to be included on this form, one at item 4 and one at item 6. A legally responsible official needs to be listed for each owner and operator. The legally responsible official must be a person meeting the criteria for signing the application (defined in Minn. R. 7007.0100, subp. 21), which is the person who performs policy or decision-making functions for the company. (A delegate may be allowed in some cases. Please refer to the rule section listed above.)

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| **3)** **Corporate/Company Owner(s)** |
| Name: |       |
| Mailing Address: |       |
|  |       |
| City: |       | State: |       | Zip code: |       |
| Owner Classification: [ ]  Private [ ]  Local Govt. [ ]  State Govt. [ ]  Federal Govt. [ ]  Utility |
| Legally responsible official |
| Name: |       | Phone: |       |
| Title: |       | Fax: |       |
| Mailing Address: |       |
|  |       |
| City: |       | State: |       | Zip code: |       |
| Email address: |       |
| Indicate ownership interest in percent: |       |

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| **4)** **Corporate/Company Operator(s)** (if different than owner) |
| Name: |       |
| Mailing Address: |       |
|  |       |
| City: |       | State: |       | Zip code: |       |
| Legally responsible official |
| Name: |       | Phone: |       |
| Title: |       | Fax: |       |
| Mailing Address: |       |
|  |       |
| City: |       | State: |       | Zip code: |       |
| Email address: |       |
| Indicate ownership interest in percent: |       |

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| **5)** **Additional Corporate/Company owner or operator** (if applicable) |
| Check applicable: | [ ]  Owner [ ]  Operator. |
| Name: |       |
| Mailing Address: |       |
|  |       |
| City: |       | State: |       | Zip code: |       |
| Legally responsible official |
| Name: |       | Phone: |       |
| Title: |       | Fax: |       |
| Mailing Address: |       |
|  |       |
| City: |       | State: |       | Zip code: |       |
| Email address: |       |
| If owner, indicate ownership interest in percent: |       |

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| **6)** **Do you have more Corporate/Company owners and/or operators?** [ ]  Yes [ ]  NoIf yes, attach additional sheets with the information indicated in item 5 for each owner and/or operator not listed above. |

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| **7) Facility contact person for this permit:** |
| Name: |       | Phone: |       |
| Title: |       | Fax: |       |
| Organization: |       |
| Mailing Address: |       |
|  |       |
| City: |       | State: |       | Zip code: |       |
| Email address: |       |

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| **8)** **All billings for annual fees should be addressed to:** |
| Name: |       | Phone: |       |
| Title: |       | Fax: |       |
| Organization: |       |
| Mailing Address: |       |
|  |       |
| City: |       | State: |       | Zip code: |       |
| Email address: |       |

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

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| **9) Certification:** The legally responsible official for each owner and, if applicable, operator must certify this change. If you have more than one owner and/or operator, attach sheets with the certification statement and signatures for each additional owner and/ or operator: |
| 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: |
| Name: |       | Phone: |       |
| Title: |       | Fax: |       |
| Signature: |  | Date (mm/dd/yyyy): |       |
| Date transfer of ownership will occur: |       |

**Complete item 10 to identify a change in facility location.**

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| **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: <https://www.revisor.mn.gov/rules/agency/167>.

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

Fiscal Services – 6th floor

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, email, 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 800-657-3864.