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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 | GP-01 General Permit Administrative ChangesAir 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 general permit and that require a permit action under Minn. R. 7007.1100, subp. 8.

**Note:** Once the e-service is available, general permit holders can electronically apply for an administrative change to their permit through 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 the MPCA website for the current status.

|  |  |
| --- | --- |
| Facility name: |       |
| Facility permit number: |       |
| **Who can we call if we have questions about the information entered on this document?** |
| Name: |       | Phone: |       |

**Check all that apply:**

|  |  |  |
| --- | --- | --- |
| [ ]  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 (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.**

|  |  |
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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: |       |
| **3)** **Corporate/Company Owner** |
| 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** (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: |       |

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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 [ ]  No If yes, attach additional sheets with the information indicated in item 6 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: |       |
| 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 a location authorized by the existing permit. Notify the MPCA each time the facility changes location by submitting Form NM-RE, Location Notification. It is not necessary to submit this form (Form GP-01) or to obtain a new permit when relocating a portable plant to a location authorized by the existing permit. |
| [ ]  Facility is not a portable plant and will be relocated at a new address. The facility is required to obtain a new permit prior to 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.