



Department of Environmental Protection

Division of Air Resource Management

FACILITY RELOCATION NOTIFICATION

Submit to DEP district office or local air program office that has permitting authority for the area in which the facility is to be relocated.

(DEP/Local Note: Update existing facility location data in ARMS. Do not create new facility record.)

Current Facility Information

1. Facility ID:	2. Permit /Project Number:
3. Facility Owner or Operator:	
4. Facility Name:	
5. Current or Most Recent Facility Street Address or Location Description:	
6. City:	7. County:
8. Shutdown Date at This Location:	

Proposed New Facility Location

1. Facility Street Address or Location Description (do not enter a post office box number):	
2. City:	3. County:
4. List other air permitted operations at this location (if any):	
Facility ID	Permit/Project Number
_____	_____
_____	_____
_____	_____
5. Startup Date at New Location:	
6. Facility Comment:	

Owner/Authorized Representative or Responsible Official

Name and Title of Owner/Authorized Representative or Responsible Official:		
Organization/Firm:		
Street Address or P. O. Box:		
City:	State:	Zip:
Telephone:	Fax:	

Facility Contact

Name and Title of Facility Contact:		
Organization/Firm:		
Street Address or P. O. Box:		
City:	State:	Zip:
Telephone:	Fax:	

Certification

Statement by Owner/Authorized Representative or Responsible Official:	
<i>I hereby certify that the information given in this report is correct to the best of my knowledge.</i>	
_____	_____
Signature	Date

Supplemental Requirements

1. Provide a scale map (e.g., the relevant portion of a USGS topographic map) showing the proposed new location of the facility and points of air pollutant emissions in relation to roads and other features of the surrounding area.
2. If relocating to a different DEP district or local air permitting office area of jurisdiction, provide a copy of the most recent compliance test report.