**PLEASE DO NOT SEND A COPY OF THE INSTRUCTIONS IN WITH YOUR APPLICATION**

This application is for a facility requesting to relocate its plant(s) covered under the General State Operating for Concrete Plants or the General Conditional Major Operating for Concrete Plants.

The General Permits for Concrete Plants cover concrete batch plants, concrete block production facilities, and pugmills comprised of one or any combination of the following:

* sand and aggregate storage;
* sand and aggregate transfer to elevated bin;
* cement and/or cement supplement unloading to elevated storage silo;
* weigh hopper loading;
* truck loading, central mixer loading, and/or pug mixer loading;
* loading, transfer or storage associated with emission control systems; and
* boilers or other fuel combustion devices rated less than 30 million BTU per hour.

If you have any questions while filling out this form, please contact the Bureau of Air Quality, Air Permitting Division by calling (803) 898-4123. Submit the following to:

**Air Permitting Division Director**

**Bureau of Air Quality**

**2600 Bull Street**

**Columbia, South Carolina, 29201**

**One complete, sanitized** form with original signatures (scanned, copied, electronic, etc. signatures will not be accepted) and any additional information required.

The applicant should also keep a copy of the completed application in their records for use by the facility's air permit contact when answering technical questions and providing additional required information.

**Explanation of Items Requested**

*SC Air Permit Number*: 8-digits only; Request cannot be processed without this number.

Facility Name - This should be the name used to identify the facility at the physical address

Facility Federal Tax Identification Number - *Established by the U.S. Internal Revenue Service to identify a business entity*

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| **Include the following with this form:*** **List and briefly describe of all equipment (current Equipment IDs, etc.) being relocated, and**
* **Submit a Google Earth image of the proposed site with the plant’s location clearly marked.**

*The Department reserves the right to require a construction permit for relocation.* |
| Description of Project (e.g., school construction site):       |
| Duration of Project: | [ ]  Permanent | [ ]  Temporary (*provide dates*):       |
| Is the plant being relocated to the same site as another plant owned by your company? | [ ]  No | [ ]  Yes |
| Is the plant being relocated to the new site for storage only? | [ ]  No | [ ]  Yes |

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| **FACILITY INFORMATION** |
| SC Air Permit Number     –      | Application Date      | Anticipated Relocation Date\*      |
| Facility Name      | Facility Federal Tax Identification Number      |

*\* For relocations that require approval prior to relocation, indicate the anticipated relocation date. Otherwise, indicate the actual date of relocation.*

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| **AIR PERMIT CONTACT***(Person at the facility who can answer technical questions about the facility’s operations and permit application.)* |
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| Has the air permit contact changed for the facility? | [ ]  No | [ ]  Yes |

*If yes, submit Facility Information Update Form D-2959 along with this application.* |

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|  | **CURRENT PHYSICAL LOCATION** | **NEW PHYSICAL LOCATION** |
| Physical Address |       |       |
| City, State, Zip Code |      ,          -      |      ,          -      |
| County |       |       |
| Latitude/Longitude\* |      /      |      /      |

*\*Facility coordinates should be based at the front door or main entrance of the facility using* NAD83 *(North America Datum of 1983)*

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| **OWNER OR OPERATOR** |
| Title/Position:       | Salutation:       | First Name:       | Last Name:       |
| Mailing Address (if different):       |
| City:       | State:    | Zip Code:       |
| E-mail Address:       | Phone No.: (   )    -     | Cell No.: (   )    -     |
| As a duly authorized representative of this facility, with the responsibility to ensure that this facility is in compliance with the requirements of the all permits issued by the Department, I certify that the information in this facility relocation form are true, accurate, and complete. |
|  |       |
| Signature of Owner or Operator | Date |