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

If you have any questions, please contact the Bureau of Air Quality, Air Permititng Division by calling (803) 898-4123. A complete Permit Cancellation Form with original signatures (scanned, copied, electronic, etc. signatures will not be accepted) must be submitted to:

**Air Permitting Division Director**

**Bureau of Air Quality**

**2600 Bull Street**

**Columbia, South Carolina, 29201.**

**Owner/Operator for the Permit**

The owner or operator for the current permit holder has the responsibility to certify that the facility is currently in compliance with the requirements of the Bureau of Air Quality issued permit and has the authority to submit this facility’s request to cancel all air operating and construction permits.

Submittal of this form satisfies the requirements of the Administrative Permit Amendment process. The South Carolina Department of Health and Environmental Control may modify the permit as described on this form through the administrative permit amendments process described in S. C. Regulation 61-62.70.7(d).

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| **Permit Cancellation** |
| Submittal of this permit cancellation form does not relieve the owner/operator of the responsibility to continue to comply with all permit conditions and applicable regulations, including but not limited to the following:  1. All applicable **permit conditions**, including **fee payment**, **monitoring**, **record keeping**, and **reporting requirements,** will remain in effect until the Department has taken final action on this request for permit cancellation.  2. Final reports covering the time period from the facility’s last report submittal to the date the permit is officially cancelled will be due 30 days from the date of permit cancellation and should be sent to the Manager of the Technical Management Section and/or to the Manager of the Air Toxics Section as required by the permit or state/federal regulation. For Title V facilities, a final Title V Annual Compliance Certification will be due 45 days from the date of permit cancellation.  3. If the facility restarts or restarts under a different owner, construction permits may be required and must be approved by the Department prior to startup. |

| **FACILITY IDENTIFICATION** | | |
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| SC Air Permit Number (8-digits only)      - | Today's Date | |
| Facility Name(s)  *(The name used to identify the facility at the physical address listed below)* | Facility Federal Tax Identification Number  *(Established by the U.S. Internal Revenue Service to identify a business entity)* | |
| Physical Address: | | County: |
| City: | State: SC | Zip Code: |

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| **OWNER/OPERATOR OF THE PERMIT**  (*Person that will receive all permit cancellation correspondence*.) | | | |
| Title/Position: | Salutation: | First Name: | Last Name: |
| Mailing Address: | | | |
| City: | | State: | Zip Code:       - |
| E-mail Address: | | Phone No.: (   )     - | Cell No.: (   )     - |

| **REASON FOR AIR QUALITY PERMIT CANCELLATION** | |
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| Facility has determined all permitted sources are now exempt (attach supporting exemption documentation). | |
| Facility has closed and all operations have ceased due to bankruptcy filing? | |
| If yes, which type of bankruptcy? | |
| Facility has closed, all operations have ceased and all permitted and exempt sources are being removed from the site. | |
| Facility has closed, all operations have ceased and equipment will remain on-site. Attach a list of all sources that will remain onsite, the reason for them remaining, and plans for their removal. If the permit is cancelled and the facility decides to restart operations, the facility must reevaluate emissions and determine the need for a permit based on current air quality state and federal regulations. | |
| Facility closed due to relocation of permitted equipment/activities to another physical address. | |
| Physical address of the new location: | |
| Date relocation was completed? | |
| Were all Bureau of Air Quality permitted and exempt sources relocated to the new address? | Yes  No |
| If **no**, list all permitted and exempt sources that remain at the current location and explain why: | |
| Other (please provide an explanation): | |

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| **OWNER/OPERATOR SIGNATURE** | |
| I certify, to the best of my knowledge and belief, that the information contained herein is true, accurate, and complete. I understand that all applicable permit conditions, including fee payment, monitoring, record keeping, and reporting requirements remain in effect until the Bureau of Air Quality has taken final action on this request for permit cancellation and notify me in writing that all permits previously issued by the Bureau of Air Quality are canceled and considered null and void. I also understand that should the facility resume operation or restart under a different owner, construction permits may be required and must be approved by the Bureau of Air Quality prior to startup. | |
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| \*Signature of Owner/Operator | Date |