



Transfer of APA Permit or Administrative Modification of APA Permit Application

Print or type unless otherwise noted. You must submit the application fee along with this form.

This application form is for transfer of an existing APA Permit to a new or different operator or registrant. This application form is also applicable to certain modifications to existing APA Permits. This application may NOT be used to apply for any new, different or additional Regulated Activities at a registered site.

AGENCY USE ONLY

Application # _____

Registration #: _____

Permit #: _____

APA Name _____

Date of Receipt _____

Part I: Application Type

Check the appropriate box identifying the application type.

This application is for (check one):

- ☐ A *transfer* of an existing permit
- ☐ A minor *modification* of an existing permit*

Please identify the existing aquifer protection registration number:

Please identify the existing aquifer protection permit number(s):

* Note that if you are seeking a *modification*, you should consult the Norwalk Aquifer Protection Agency at 203-854-7744 prior to submitting an application to determine whether an application form is necessary.

Part II: Fee Information

An application fee of \$100.00 shall be submitted with the application form. An application shall not be deemed complete and no activity will be authorized by this application unless the application fee has been paid in full. The application will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the **City of Norwalk**.

Part III: Applicant Information

1. Fill in the name of the applicant(s). This shall be the same as the registrant(s) for the facility.

Name of Applicant:

Name of Company (DBA):

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

E-mail address:

Applicant's interest in property or facility at which the proposed activity is to be located: (check **all** that apply)

- ☐ site owner ☐ option holder ☐ lessee* ☐ facility owner
- ☐ easement holder* ☐ operator ☐ other (specify):

*Completion of Part VII (Land Owner Information) is required in circumstances where facility operator is not property owner.

- ☐ Check here if there are co-applicants. If so, label and attach additional sheet(s) to this sheet with the required information.

Part III: Applicant Information (continued)

2. List primary contact for departmental correspondence and inquiries, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

E-mail address:

3. List attorney or other representative, if applicable:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Attorney:

4. Facility Operator, if different than the applicant:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

5. Facility Owner, if different than the applicant:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

6. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the application or in designing or constructing the activity.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Service Provided:

☐ Check here if additional sheets are necessary, and label and attach them to this sheet.

Part IV: Facility Information

1. Name of facility, if applicable: Street Address or Description of Location: District: Block: Lot: Tax Map #:		
2. From the following list and in the appropriate column, check <i>all</i> regulated activities that a) are registered at the facility, b) are registered and will continue to be conducted at the facility, c) are not registered, but are proposed to be conducted at the facility as a permitted activity. Regulated Activity: For a full description of each regulated activity see Section 2 of the Aquifer Protection Area Regulations of Norwalk or Appendix A of the instructions.		
Regulated Activity	registered √	registered and will continue to be conducted √
(A) Underground storage or transmission of oil or petroleum	<input type="checkbox"/>	<input type="checkbox"/>
(B) Oil or petroleum dispensing for the purpose of retail, wholesale or fleet use	<input type="checkbox"/>	<input type="checkbox"/>
(C) On-site storage of hazardous materials for the purpose of wholesale sale	<input type="checkbox"/>	<input type="checkbox"/>
(D) Repair or maintenance of vehicles or internal combustion engines of vehicles	<input type="checkbox"/>	<input type="checkbox"/>
(E) Salvage operations of metal or vehicle parts	<input type="checkbox"/>	<input type="checkbox"/>
(D) Repair or maintenance of vehicles or internal combustion engines of vehicles	<input type="checkbox"/>	<input type="checkbox"/>
(E) Salvage operations of metal or vehicle parts	<input type="checkbox"/>	<input type="checkbox"/>
(F) Wastewater discharges to ground water other than domestic sewage and stormwater	<input type="checkbox"/>	<input type="checkbox"/>
(G) Car or truck washing (unsewered)	<input type="checkbox"/>	<input type="checkbox"/>
(H) Production or refining of chemicals	<input type="checkbox"/>	<input type="checkbox"/>
(I) Clothes or cloth cleaning service (dry cleaner)	<input type="checkbox"/>	<input type="checkbox"/>
(J) Industrial laundry service (unsewered)	<input type="checkbox"/>	<input type="checkbox"/>
(K) Generation of electrical power by means of fossil fuels (power plant)	<input type="checkbox"/>	<input type="checkbox"/>
(L) Production of electronic boards, electrical components, or other electrical equipment	<input type="checkbox"/>	<input type="checkbox"/>
(M) Embalming or crematory services (unsewered)	<input type="checkbox"/>	<input type="checkbox"/>
(N) Furniture stripping operations	<input type="checkbox"/>	<input type="checkbox"/>
(O) Furniture finishing operations	<input type="checkbox"/>	<input type="checkbox"/>

Part IV: Facility Information (continued)

Regulated Activity	registered √	registered and will continue to be conducted √
(P) Storage, treatment or disposal of hazardous waste under a RCRA permit (hazardous waste facility)	<input type="checkbox"/>	<input type="checkbox"/>
(Q) Biological or chemical testing, analysis or research (unsewered)	<input type="checkbox"/>	<input type="checkbox"/>
(R) Pest control services	<input type="checkbox"/>	<input type="checkbox"/>
(S) Photographic finishing (unsewered)	<input type="checkbox"/>	<input type="checkbox"/>
(T) Production or fabrication of metal products	<input type="checkbox"/>	<input type="checkbox"/>
(U) Printing, plate making, lithography, photoengraving, or gravure	<input type="checkbox"/>	<input type="checkbox"/>
(V) Accumulation or storage of waste oil, anti-freeze or spent lead-acid batteries (recycling facility under a DEP Permit)	<input type="checkbox"/>	<input type="checkbox"/>
(W) Production of rubber, resin cements, elastomers or plastic	<input type="checkbox"/>	<input type="checkbox"/>
(X) Storage of de-icing chemicals	<input type="checkbox"/>	<input type="checkbox"/>
(Y) Accumulation, storage, handling, recycling, disposal, reduction, processing, burning, transfer or composting of solid waste (under a state DEP permit; a solid waste facility, landfill, transfer station, composting facility, processing center)	<input type="checkbox"/>	<input type="checkbox"/>
(Z) Dying, coating or printing of textiles, or tanning or finishing of leather	<input type="checkbox"/>	<input type="checkbox"/>
(AA) Production of wood veneer, plywood, reconstituted wood or pressure-treated wood	<input type="checkbox"/>	<input type="checkbox"/>
(BB) Pulp production processes	<input type="checkbox"/>	<input type="checkbox"/>

Part V: Best Management Practices

The applicant and operator, if different from the applicant, must certify that the facility is in compliance with all the best management practices set forth in Section 12 of the Aquifer Protection Area Regulations. The applicant and the operator, if different from the applicant, must sign this part. An application will be considered incomplete unless the required signatures are provided.

For a full description of Best Management Practices (BMP's) for regulated activities, see Section 12 of the Aquifer Protection Area Regulations or Appendix B of the instructions.

"I certify that the subject facility is in compliance with all the best management practices set forth in Section 12 of the Aquifer Protection Area Regulations. I have checked the box by each of the following statements as verification that the subject facility is in compliance with all applicable best management practices. "

- ☐ Storage of hazardous materials above ground is in compliance with all provisions of Section 12 of the Aquifer Protection Area Regulations.
- ☐ The number of underground storage tanks used to store hazardous materials shall not increase in accordance with Section 12 of the Aquifer Protection Area Regulations.
- ☐ Replacement of any underground storage tanks used to store hazardous materials shall take place in accordance with all provisions of Section 12 of the Aquifer Protection Area Regulations.
- ☐ Devices for release of wastewaters to the ground shall not be used except in accordance with Section 12 of the Aquifer Protection Area Regulations.
- ☐ A Materials Management Plan has been developed in accordance with Section 12 of the Aquifer Protection Area Regulations and will be implemented upon issuance of a permit.
- ☐ A Stormwater Management Plan has been developed in accordance with Section 12 of the Aquifer Protection Area Regulations and will be implemented upon issuance of a permit.

Signature of Applicant

Date

Name of Applicant (print or type)

Title (if applicable)

Signature of Operator (if different than above)

Date

Name of Operator (print or type)

Title (if applicable)

Part VI: Supporting Documents

Please check the box by the attachments being submitted as verification that ***all*** applicable attachments have been submitted with this application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name.

☒ Attachment A: A Facility Boundary Map

An 8" X 11" copy of the relevant portion of a USGS Topographic Quadrangle Map with the exact location of the facility* (property) boundaries shown. A larger scale map, at a scale of 1:480, with the facility boundaries shown, may also be submitted to clarify boundary locations. For sample maps see Figures A and B of the instructions (Form APA#2).

*Note: In accordance with Section 2 of the Aquifer Protection Area Regulations, "facility" is defined as property where a regulated activity is being conducted by any person, including without limitation any buildings located on the property that are owned or leased by that person; and includes contiguous land owned, leased, or for which there is an option to purchase by that person.

☒ Attachment B: Materials Management Plan, certified

☒ Attachment C: Stormwater Management Plan

Part VII: Land Owner Information

The person or entity who owns the land on which the facility is located, if different from the registrant, operator or facility owner, must sign that they assent to the filing of this Permit Transfer application. The land owner, if different from the registrant, must sign this part. A registration will be considered incomplete unless the required signatures are provided.

"I certify that I am the owner of record of the land on which the subject facility is located and consent to the submission of the permit application."

Signature of Property Owner of Record

Date

Name of Owner (print or type)

Title (if applicable)

Part VIII: Applicant Certification

The applicant **and** the individual(s) responsible for actually preparing the application must sign this part. An application will be considered incomplete unless all required signatures are provided.

"I have personally examined and am familiar with the information submitted in this document and all attachments, and I certify, based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I understand that any false statement made in the submitted information is punishable as a criminal offense, under Section 53a-157b of the General Statutes and any other applicable law.

I understand that the agency or its duly authorized agent may make regular inspections of the facility and associated property, except a private residence, at reasonable hours.

I certify that this application is on complete and accurate forms as prescribed by the Agency without alteration of the text."

Signature of Applicant

Date

Name of Applicant (print or type)

Title (if applicable)

Signature of Preparer (if different than above)

Date

Name of Preparer (print or type)

Title (if applicable)

☐

Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.

Note: Please submit the Permit Transfer Application Form, Fee, and all Supporting Documents to:

Aquifer Protection Agency
Norwalk City Hall
Conservation Office
Room 215
125 East Avenue
Norwalk, CT 06856-5125