



State of New Jersey
DEPARTMENT of ENVIRONMENTAL PROTECTION

AIR PERMIT APPLICABILITY DETERMINATION REQUEST

This fillable PDF form must be submitted as is. Do not save as a different PDF file or format. Fill out the form, sign electronically, and submit as an email attachment to pcpnotices@dep.nj.gov.

For assistance call (609) 633-2829 .

Date:	Requestor's Name:	
Email:	Phone Number:	Ext:
Facility Name:		
Facility Address:		
City:	State:	Zip code:
County:		
Program Interest/Facility ID Number (if applicable):		
Equipment / Source Operations:		

Please describe your question regarding air permit applicability, be as specific as possible. To help the Department understand your question, describe your equipment or source operation, provide details of the process, a list of potential air contaminants and amounts in lb/hr and tons/year (if available), and, if needed, add a picture of the source or process. You may also attach picture or additional information to the email.

CERTIFICATION: "I certify under penalty of law that I believe the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information."

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