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

The Facility Relocation Application serves as a request for an exemption from the requirement to obtain a construction permit for facility relocation, whether in whole or in part. To determine if your facility qualifies for an exemption, refer to the guidance document: Relocation of equipment, control device(s) or entire facilities at:

<https://www.scdhec.gov/sites/default/files/docs/Environment/docs/permitting/Relocation_Guidance.pdf>.

If your facility is an asphalt plant, do not utilize this form for relocation; please submit a construction permit application.

If your facility is a concrete batch plants, concrete block production facilities, or pugmills please submit form D-2639 Relocation Application for Concrete Plants.

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.

*Emission Unit ID:* Assign each distinct emission unit an ID, as identified on current permit. The Emission Unit ID should be alpha/numeric characters and should be used throughout the rest of the application (preferably 01, 02, etc.). This ID number should be carried throughout the application whenever Emission Unit ID is requested.

*Equipment ID:* The equipment identification (tag number) for each piece of equipment, as identified on current permit. Each piece of equipment should have its own unique ID (alpha-numeric). This is designated by the facility and is not necessarily a permit ID number. This ID number should be carried throughout the application whenever Equip ID is requested.

*Control Device ID:* The control equipment identification (tag number) for each piece of equipment, as identified on current permit. Each piece of equipment should have its own unique ID (alpha-numeric). This is designated by the facility and is not necessarily a permit ID number. This ID number should be carried throughout the application whenever Control Equip ID is requested.

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| **Include the following with this form:*** **Air Dispersion Modeling Demonstration for the new location (does not apply to facilities covered under a Registration Permit),**
* **List and briefly describe of all equipment (current permit emission unit IDs, Equipment IDs, etc.) being relocated, and**
* **If applicable, a regulatory review to demonstrate the project is not a Clean Air Act Title I Modification, nor subject to SC Regulation 61-62.5, Standards No. 7 and No. 7.1.**
 |
| This form is being submitted for: [ ]  Relocation of Equipment [ ]  Relocation of the Entire Facility |

| **FACILITY INFORMATION** |
| --- |
| SC Air Permit Number     -      | Application Date:      | Anticipated Relocation Date:      |
| Facility Name *(This should be the name used to identify the facility at the physical address.)*      |

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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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| **AIR PERMIT CONTACT***(Person who can answer technical questions about the facility and permitted activities.)* |
| Title/Position:       | Salutation:      | First Name:       | Last Name:       |
| Mailing Address:       |
| City:       | State:    | Zip Code:       -      |
| E-mail Address:       | Phone No.: (   )     -      | Cell No.: (   )     -      |

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| **OWNER OR OPERATOR** |
| Title/Position:       | Salutation:      | First Name:       | Last Name:       |
| Mailing Address:       |
| 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 |