To be eligible for expedited review, the appropriate Construction Permit Application Form(s) must be included with the Expedited Request Form and submitted to:

**Air Permitting Division Director**

**Bureau of Air Quality**

**2600 Bull Street**

**Columbia, SC, 29201**

**Coastal Counties Require Additional Certification**

If operations covered by construction permits involve land-disturbing activities in Beaufort, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Horry or Jasper counties, contact S.C. DHEC's Office of Ocean and Coastal Resource Management (OCRM) for information on [**Coastal Zone Consistency Certification**](https://www.scdhec.gov/environment/water-quality/coastal-permits/coastal-zone-consistency-certification-state-and-federal) requirements.

**\*\*DO NOT SEND PAYMENT UNTIL THE APPLICATION HAS BEEN ACCEPTED INTO THE EXPEDITED PROGRAM**. If chosen for expedited review, you will be notified by phone for verbal acceptance into the program. Fees must be paid within five business days of acceptance.

| **APPLICATION IDENTIFICATION** | |
| --- | --- |
| Facility Site Name  *(This should be the name used to identify the facility)* | SC Air Permit Number (8-digits only)  *(Leave blank if one has never been assigned)*       - |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PRIMARY AIR PERMIT CONTACT** | | | | |
| Title/Position: | First Name: | | Last Name: | |
| E-mail Address: | | Primary Phone No.:  (   )    - | | Alternate Phone No.:  (   )    - |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECONDARY AIR PERMIT CONTACT**  *(If the Department is unable to contact the primary air permit contact please provided a secondary contact.)* | | | | |
| Title/Position: | First Name: | | Last Name: | |
| E-mail Address: | | Primary Phone No.:  (   )    - | | Alternate Phone No.:  (   )    - |

| **Check One** | **Permit Type** | **Expedited Review Days\*** | **Fee\*\*** |
| --- | --- | --- | --- |
|  | Minor Source Construction Permit | 30 | $3,000 |
|  | Synthetic Minor Construction Permit | 65 | $4,000 |
|  | Prevention of Significant Deterioration (PSD) not impacting a Class I Area (no Class I modeling required) | 120 | $20,000 |
|  | Prevention of Significant Deterioration (PSD) Modification not impacting a Class I Area (no Class I modeling required)  No BACT limit change but requires Public Notice | 120 | $5,000 |
|  | Prevention of Significant Deterioration (PSD) Modification not impacting a Class I Area (no Class I modeling required)  Number of BACT Pollutants  X $5,000 per BACT modification | 120 | Total Fee  $  Maximum of $20,000 |
|  | Prevention of Significant Deterioration (PSD) impacting a Class I Area (Class I modeling required) | 150 | $25,000 |
|  | Prevention of Significant Deterioration (PSD) Modification impacting a Class I Area (Class I modeling required)  No BACT limit change but requires Public Notice | 150 | $5,000 |
|  | Prevention of Significant Deterioration (PSD) Modification impacting a Class I Area (Class I modeling required)  Number of BACT Pollutants  X $5,000 per BACT modification | 150 | Total Fee  $  Maximum of $25,000 |
|  | **Concrete**  Minor Source Construction Permit | 10 | $1,500 |
|  | **Concrete**  Synthetic Minor Construction Permit | 15 | $2,500 |
|  | **Asphalt**  Synthetic Minor Construction Permit | 15 | $3,500 |

\*All days above are calendar days, but exclude State holidays, and building closure dates due to severe weather or other emergencies. Expedited days for asphalt and concrete also exclude weekends.

**\*\*DO NOT SEND PAYMENT UNTIL THE APPLICATION HAS BEEN ACCEPTED INTO THE EXPEDITED PROGRAM**.

If chosen for expedited review, you will be notified by phone for verbal acceptance into the program. Fees must be paid within five business days of acceptance.

|  |  |
| --- | --- |
| **PRIMARY AIR PERMIT CONTACT SIGNATURE** | |
| I have read the most recent version of the Expedited Review Program Standard Operating Procedures and accept all of the terms and conditions within. I understand that it is my responsibility to ensure an application of the highest quality is submitted in a timely manner, and to address any requests for additional information by the deadline specified. I understand that submittal of this request form is not a guarantee that expedited review will be granted. | |
|  |  |
| Signature of Primary Air Permit Contact | Date |