



Form No.	A-L-0052
Effective Date	5/7/12
Revision No.	12
Last Revision Date	11/15/2022
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CHAPTER 164 - CONCRETE BATCH PLANT (CBP) GENERAL PERMIT APPLICATION

Section A: FACILITY CONTACT INFORMATION

Owner Name (Individual Name or Company)
 Name as Registered with Secretary of State):

Mailing Address Line 1:

Mailing Address Line 2:

City/Town: State: ZIP:

Phone: Fax:

E-mail:

Site Name:

E-911 Site Address:

City/Town: State: ZIP:

Additional Directions:

Application Contact: Title:

Mailing Address Line 1:

Mailing Address Line 2:

City/Town: State: ZIP:

Phone: Fax:

E-mail:

Billing Contact: Title:

Mailing Address Line 1:

Mailing Address Line 2:

City/Town: State: ZIP:

Phone: Fax:

E-mail:



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Section B: EQUIPMENT INFORMATION

NOTE: The GPN assigned by the DEP must be permanently affixed to the equipment.

Manufacturer of CBP:	Model:
Date of Manufacture:	Date of Installation:
Design capacity: Units:	Hours/year of operation:
Is the CBP portable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list any other equipment on site:	
Is the concrete batch plant powered by:	<input type="checkbox"/> Grid Power (skip to Section C) <input type="checkbox"/> Power Plant Engine (complete info below)
Is the Power Plant Engine:	<input type="checkbox"/> Portable <input type="checkbox"/> Stationary (Please see instructions if stationary.)
Maximum heat input of power plant engine:	Units:
Date of manufacture of the power plant engine:	
Date the power plant engine was purchased:	

Section C: EMISSIONS CONTROL EQUIPMENT

Are particulate emissions from all silos vented through baghouses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the power plant engine equipped with a diesel particulate filter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> n/a
Do you operate water sprays at your facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please list any other Control Equipment:		

Section D: FEE

Check for general permit fee (per CBP), payable to “Treasurer, State of Maine” is enclosed. See the Department's fee schedule for current general permit fee amount.
<https://www.maine.gov/dep/feeschedule.pdf>
 Each Chapter 164 general permit issued is subject to an annual fee. The annual fee will be billed to the Owner each December.

For Department Use		
ID Number Assigned	Check Number:	
A-GP164 - _ _ _ _ _	Check Amount:	
	Date Received:	/ /
	Date Letter Sent:	/ /
	Initials:	



Department of Environmental Protection, Bureau of Air Quality

17 State House Station, Augusta Maine 04333-0017

Phone: 207-287-7688 Fax: 207-287-7641

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Section E: SIGNATORY REQUIREMENT FOR EQUIPMENT OWNER

Each application submitted to the Department must include the following certification signed by the a Responsible Official or Authorized Official*:

“I certify compliance with Section 4 (Concrete Batch Plant General Permit Requirements for Owners) of 06-096 CMR 164, *General Permit For Concrete Batch Plants.*”

“I certify under penalty of law that I have personally examined the information submitted in the document and all attachments thereto and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate, and complete. I authorize the Department to enter the property that is the subject of this application, at reasonable hours, including buildings, structures or conveyances on the property, to determine the accuracy of any information provided herein. I am aware there are significant civil and criminal penalties for submitting false information, including the possibility of fine and imprisonment.”

Signature:		Date:	
Name (Printed):		Title:	

* See the application instructions for the Department definitions of “Responsible Official” and “Authorized Official”.

Choose One:

The equipment addressed in this application will be operated by the Owner listed in Section A of this application. (Please also fill out page 4 (Section F) of this application.)

The equipment addressed in this application will be operated by someone other than the Owner listed in Section A of this application. (The Operator must complete a separate Notice of Intent to Comply form prior to operating the equipment.)



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The following section is only applicable if the equipment Owner and Operator are the same entity.

The following signatory requirement should only be used when the equipment addressed in this application is to be operated by the same entity listed as the Owner in Section A of this application. If this section is completed, no additional Notice of Intent to Comply form is necessary.

If the equipment is to be operated by another entity, that party must fill out and submit a Notice of Intent to Comply form. This form can be found on the Department’s website at:

http://www.maine.gov/dep/air/permits/conc_batch_plant.html

**Section F: SIGNATORY REQUIREMENT FOR EQUIPMENT OPERATOR
(if same entity as equipment Owner)**

“I certify that the equipment listed in this application shall be operated in compliance with Section 5 (Concrete Batch Plant General Permit Requirements for Operators) of 060-096 CMR 164, *General Permit for Concrete Batch Plants*.”

“I certify under penalty of law that I have personally examined the information submitted in this document and all attachments thereto and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate, and complete. I authorize the Department to enter the property that is the subject of this application, at reasonable hours, including buildings, structures or conveyances on the property, to determine the accuracy of any information provided herein. I am aware there are significant civil and criminal penalties for submitting false information, including the possibility of fine and imprisonment.”

Signature:		Date:	
Name (Printed):		Title:	

The Operator must submit a copy of this form to the municipality where the equipment will be located. In the case of an unorganized territory, notification is to be made to the respective county commissioner. Please check when completed.

Sent copy of this application to the municipality where the equipment will be operated.