



Illinois Environmental Protection Agency

Request for Administrative Permit Amendment for CAAPP Permit

Illinois Environmental Protection Agency
Bureau of Air – Permit Section (MC 11)
2520 West Iles Ave
P.O. Box 19276
Springfield, IL 62794-9276

Date Form Received

General Information

Source Name: _____
Source ID Number: _____
CAAPP Permit Number: _____
Environmental Contact Name: _____
Environmental Contact Email: _____
Environmental Contact Phone Number: _____

Administrative Permit Amendment Criteria

Pursuant to Section 39.5(13)(c) of the Illinois Environmental Protection Act (Act), the following revisions to a CAAPP permit qualify as administrative permit amendments:

- Corrects typographical errors
- Identifies a change in the name, address, or phone number of any person identified in the permit, or provides a similar minor administrative change at the source
- Requires more frequent monitoring or reporting by the Permittee
- Allows for a change in ownership or operational control of a source where no other change in the permit is necessary, provided that a written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the current and new permittees has been submitted to the Agency (**also submit a 272-CAAPP form**)

The Illinois EPA is authorized to require, and you must disclose, the requested information on this form pursuant to the Environmental Protection Act (“Act”), 415 ILCS 5/1 et seq., and its implementing regulations. This information shall be provided using either this form or in an alternative manner at your discretion. Failure to disclose the information may result in an incomplete application and other penalties as provided for in the Act, 415 ILCS 5/42-45. Intentional falsification of the information in this form may result in significant criminal and civil penalties as provided by law.

Amendment Requested

Also include a redline of the specific changes to the CAAPP permit.

Current Permit Information

Amended Permit Information

Signature by Responsible Official

This certification must be signed by a Responsible Official, as defined in Section 39.5(1) of the Act. Forms without a signed certification will be deemed incomplete.

I certify under penalty of law that this application and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Signature

Typed or Printed Name of Signatory

Title of Signatory

Date