



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID AND HAZARDOUS WASTE MANAGEMENT PROGRAM
P.O. BOX 414 401 E. STATE STREET
TRENTON, NEW JERSEY 08625-0414
TELEPHONE: 609-984-6985 TELECOPIER: 609-633-9839
http://www.state.nj.us/dep/dshw

SOLID WASTE FACILITY APPLICATION FORM

PLEASE PRINT OR TYPE

1A. Applicant/Owner: Telephone:

Permanent Legal Address:

City: State: Zip Code:

Federal Tax I.D #:

1B. Applicant/Operator: Telephone:

Permanent Legal Address:

City: State: Zip Code:

1C. Co-permittee: Telephone:

Permanent Legal Address:

City: State: Zip Code:

2. Location of Work:

Name of Facility:

Address (Street/Road):

Lot #:

Block #:

Municipality: County:

NJEMS Preferred ID #:

SW Facility ID #:

EPA ID #:

3. **Professional Engineer:**

Name: _____ N.J. License P.E. #: _____

Name of Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

4. **Application Type:** (Circle applicable letter)

- A. Initial Solid Waste Facility (SWF) Permit
- B. Existing SWF Annual Update
- C. SWF Permit Modification (check here ____ if expansion)
- D. SWF Permit Renewal
- E. SWF Transfer of Ownership
- F. Closure/Post-Closure Plan
- G. Disruption Approval
- H. Other - describe here _____

5. **Facility Type:** (Circle all that apply)

- A. Sanitary Landfill
- B. Incinerator/Resource Recovery Facility
- C. Transfer Station
- D. Transfer Station/Materials Recovery Facility
- E. Intermodal Container Facility
- F. Compost
- G. Other - describe here _____

6. **Waste Types:** (Circle all types of waste requested for acceptance at this facility by numbers.)

- | | |
|--|---|
| 10. Municipal Waste | 27. Dry Industrial Waste |
| 12. Dry Sewage Sludge | 27A. Asbestos Containing Waste |
| 13. Bulky Waste | 27I. Incinerator Ash/Ash Containing Waste |
| 13C. Construction and Demolition Waste | 72. Bulk Liquid and Semi-Liquid |
| 23. Vegetative Waste | 73. Septic Tank Clean-Out Wastes |
| 25. Animal and Food Processing Waste | 74. Liquid Sewage Sludge |

Treated Regulated Medical Waste Untreated Regulated Medical Waste

B. CORPORATE DATA

Date of Incorporation: _____

Agent's Name: _____

Street Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Corporate Officers:

OFFICIAL TITLE	NAME	BUSINESS ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Directors:

NAME	RESIDENCE	TERM OF OFFICE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Identify below any individual, corporation or other business organization having ownership or a controlling interest in the applicant. If applicable, the chain of ownership or control should be traced to the main parent company.

NAME: _____

ADDRESS: _____

NATURE OF CONTROL: _____

Principal Security Holders and Voting Power. Identify owner(s) of all securities in the applicant corporation having more than ten (10) percent of value.

NAME	ADDRESS	TYPE OF SECURITIES*	NUMBER OF VOTES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*(Common stock, Preferred stock, etc.)

11. Other Permits Applied for or Obtained

<u>PERMIT TYPE:</u> (Use additional sheets if necessary)	<u>N.A.</u>	<u>APPLICATION STATUS</u>		<u>Date Applied for or Project Number</u>
		<u>Pending</u>	<u>Approved</u>	
A. CAFRA	_____	_____	_____	_____
B. Waterfront Development	_____	_____	_____	_____
C. Tidal or Coastal Wetlands	_____	_____	_____	_____
D. Freshwater Wetlands Permit	_____	_____	_____	_____
E. Freshwater Wetlands Transitional Area Waiver (after July 1, 1989)	_____	_____	_____	_____
F. Stream Encroachment	_____	_____	_____	_____
G. Water Quality Certificate (Section 401)	_____	_____	_____	_____
H. Open Water Fill	_____	_____	_____	_____
I. Tidelands (Riparian) Grant, Lease or License	_____	_____	_____	_____
J. Divert Surface Waters for Private Use	_____	_____	_____	_____
K. Temporary Water Lowering	_____	_____	_____	_____
L. Sewer Systems: Collectors, Pump Station, etc	_____	_____	_____	_____
M. Underground Storage Tanks	_____	_____	_____	_____
N. Hazardous Waste Permits Specify: _____	_____	_____	_____	_____

<u>PERMIT TYPE:</u> (Use additional sheets if necessary)	<u>N.A.</u>	<u>APPLICATION STATUS</u>		<u>Date Applied for or Project Number</u>
		<u>Pending</u>	<u>Approved</u>	
O. Air Quality Permits _____	_____	_____	_____	_____
P. Delaware and Raritan Canal Review Zone "Certificate of Approval" _____	_____	_____	_____	_____
Q. Pinelands Certificate _____	_____	_____	_____	_____
R. Green Acres Program Review _____	_____	_____	_____	_____
S. Other State Agencies' Permit Type of Permit: _____	_____	_____	_____	_____
T. Federal Permit Type of Permit: _____	_____	_____	_____	_____

Brief Description of the Proposed Project and Intended Use:

12. **Certifications:**

A. APPLICANT'S CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I understand that, in addition to criminal penalties, I may be liable for a civil administrative penalty pursuant to N.J.A.C. 7:26-5 and that submitting false information may be grounds for denial, revocation or termination of any solid waste facility permit or vehicle registration for which I may be seeking approval or now hold.

Print/Type Applicant/Owner Name

Signature of Applicant/Owner

Date

Title

Print/Type App./Operator Name

Signature of Applicant/Operator

Date

Title

Print/Type Co-Applicant Name

Signature of Co-Applicant

Date

Title

B. PROPERTY OWNER'S CERTIFICATION

I hereby certify that _____

Property Owner's Name

is the owner of the property upon which the proposed work is to be done. This endorsement is certification that the owner grants permission for the conduct of the proposed activity and authorizes that staff of DEP may conduct on-site inspections as necessary for the review of this application.

In addition, the aforementioned property owner shall certify:

1. Whether any work is to be done within an easement -

Yes _____ No _____
(Initial) (Initial)

2. Whether any part of the entire project will be located within property belonging to the State of New Jersey -

Yes _____ No _____
(Initial) (Initial)

3. Whether any part of the entire project will be located within property belonging to a municipality or county -

Yes _____ No _____
(Initial) (Initial)

Type or Print Name and Address of Owner
if different from Item 1 on Page 1

Date

Signature of Owner

C. APPLICANT'S AGENT

I, _____ and/or _____,
(Applicant/Owner) (App./Operator or Co-Permittee)
authorize to act as my agent/representative in all matters pertaining
to my application the following person:

Name: _____

Title: _____

Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Occupation/Profession: _____

(Signature of Applicant/Owner)

(Signature of Applicant/Operator)

(Signature of Co-permittee)*

AGENT'S CERTIFICATION

Sworn before me
this _____ day of

I agree to serve as agent for the
above-mentioned applicant

Notary Public

(Signature of Agent)

D. STATEMENT OF PREPARER OF PLANS, SPECIFICATIONS, SURVEYOR'S OR ENGINEER'S REPORT

I hereby certify that the engineering plans, specifications and engineer's reports applicable to this project comply with the current rules and regulations of the State Department of Environmental Protection with the exceptions as noted.

Signature of Engineer

Print or Type Name

Position

Name of Firm

Date

**PROFESSIONAL ENGINEER'S/ARCHITECT'S
EMBOSSSED SEAL**