

MARYLAND DEPARTMENT OF THE ENVIRONMENT

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Air and Radiation Management Administration ● Air Quality Permits Program

Application for Permit to Operate Fuel Burning Equipment

1. Premise Identification:

Premise Name or Identification: _____

Premise Address: _____
Street City State Zip County

Premise Number: _____

2. Equipment Identification

Unit	Manufacturer	MM Btu/hr	Primary Fuel	Secondary Fuel	Registration #
1					
2					
3					
4					

3. Total Fuel Consumption During Last 12 Month Period Ending _____

Unit	Primary Fuel	Units	Secondary Fuel	Units
1				
2				
3				
4				

4. Control Equipment (if applicable)

Unit	Type	Date Installed	Date to be Installed
1			
2			
3			
4			

Signature

Title

Date

