**AIR NOTIFICATION OF CONSTRUCTION FORM**

**HOT MIX ASPHALT GENERAL PERMIT (HMAGP)**

**COVERAGE NUMBER MSR70\_\_ \_\_ \_\_ \_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Instructions: This form should be completed and submitted for the following construction milestones for both initial construction of a facility as well as a major modification to a facility (as defined in ACT 6, Condition T-15 of the general permit). The deadlines for submitting this form, as specified in ACT 3, Condition S-1 of the general permit, are as follows:**   * **Part A – Notification of Start of Construction: Within 15 days after beginning actual construction.** * **Part B – Notification of Completion of Construction: Prior to startup of the facility or modified equipment.** * **Part C – Notification of Suspension of Construction: Within 18 months of obtaining coverage or last performing a construction activity, whichever is later.**   **Parts A and B may be completed on the same form if both deadlines specified above can be met. Mark each section that applies.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company Name: | | |  | | | | | | | | | Facility Name: | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | |
| Facility Street Address: | | | | |  | | | | | | | | City: | | |  | | | | | | | | | | County: | | | | | | |  | | | | | |  | |
| Contact Person: | |  | | | | | | Phone No.: | | | | | | |  | | | | | | | Email: | | | | | |  | | | | | | | | | | |  | |
| Mailing Address: | |  | | | | | | | | | City: | | |  | | | | | | | | | State: | | | | | |  | | | | Zip: | | |  | | |  | |
|  | | | | | |  | | | |  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | |  |
| **PART A – NOTIFICATION OF START OF CONSTRUCTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Construction / Major Modification of facility’s air emissions sources began on: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | (DATE) | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |
| **PART B – NOTIFICATION OF COMPLETION OF CONSTRUCTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Construction / Major Modification of facility’s air emissions sources was completed on: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | (DATE) | | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |
| **PART C – NOTIFICATION OF SUSPENSION OF CONSTRUCTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Construction / Major Modification of facility’s air emissions sources was suspended on: | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | (DATE) | | | | |
| With this submittal, does the facility request a one-time 18-month extension of coverage: | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | YES | | | |  | | | NO | | | |
| *\*Note, if coverage has been extended once already, the facility must re-apply for new coverage or for the requested modification under the HMAGP.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***Based on my inquiry of the person or persons responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | |  | | | | | |
|  | Authorized Signature of Responsible Official | | | | | | | | | | | | |  | | | Date | | | | | | | | | | | | | | | | | |  | | | | | |
|  |  | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | |  | | | | | |
|  | Printed Name | | | | | | | | | | | | |  | | | Title | | | | | | | | | | | | | | | | | |  | | | | | |
|  | *\*A responsible official must meet the requirements in 2022 HMAGP, ACT 5, Condition T-5.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |