**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.* |
|  |  |  |  |  |  |
| ***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.* |  |