

Virgin Islands Department of Planning and Natural Resources
DIVISION OF ENVIRONMENTAL PROTECTION

Air Pollution Permit Renewal Application

APPLICATION DATE: _____

APPLICANT'S NAME: _____ **CONTACT #** _____

PERMIT#(S):

1. _____
2. _____
3. _____

EXPIRATION DATE(S): _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS OF SOURCE(S):

1. _____
2. _____
3. _____

DESCRIPTION OF SOURCE(S):

1. _____
2. _____
3. _____

Has there been any modification or material changes to the existing equipment?
Yes _____ No _____

Has there been a change of ownership?
Yes _____ No _____ If yes, you will need to complete a General Permit application.

Has there been a change in the name business name?
Yes _____ No _____

NOTE: PLEASE ATTACH A COPY OF YOUR PREVIOUS PERMIT.

Applicants Signature: _____ **Date:** _____

OFFICE USE ONLY:

PAID: YES NO

RECEIPT # _____

PERMIT FEE: \$50 PER YEAR

RENEWAL FEE: \$10

LATE FEE: \$10