



Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention – Air Quality  
**LPA/CPA Administrative Amendment**  
**Instructions and Supporting Materials**

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**Introduction**

MassDEP *Permit Applications*, as well as *Instructions & Support Materials*, are available for download from the MassDEP Web site at [mass.gov/dep](http://mass.gov/dep) in two file formats: Microsoft Word™ and Adobe Acrobat PDF™. Either format allows documents to be printed.

*Instructions & Support Materials* files in Microsoft Word™ format contain a series of documents that provide guidance on how to prepare a permit application. Although we recommend that you print out the entire package, you may choose to print specific documents by selecting the appropriate page numbers for printing.

*Permit Applications* in Microsoft Word™ format must be downloaded separately. Users with Microsoft Word™ 97 or later may complete these forms electronically.

Permitting packages in Adobe Acrobat PDF™ format combine *Permit Applications* and *Instructions & Support Materials* in a single document. Adobe Acrobat PDF™ files may only be viewed and printed without alteration. *Permit Applications* in this format may not be completed electronically.



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**(1) Who Must Apply for an LPA/CPA Administrative Amendment?**

An owner or operator of a facility holding a Plan Approval if the proposed change is:

- A change in the business name, facility name, mailing address, telephone number or name of the facility contact; or
- A change in the ownership of the facility that is subject to the plan approval; or
- An increase in the frequency of recordkeeping, monitoring, reporting or testing above that previously specified in the plan approval; or
- Where the Department or the owner/operator of the facility determines that a plan approval has typographical errors; or
- Other changes the Department determines are necessary for the effective administration of the Commonwealth's air pollution control program.

**(2) How is an LPA/CPA Administrative Amendment Processed and What are the Timelines?**

For an owner or operator of a facility to apply for an administrative amendment to their plan approval(s), a complete application must be filed in duplicate. The application must be submitted on Form LPA/CPA Administrative Amendment and in accordance with the timelines established at 310 CMR 7.02(13). A timely application is one that is submitted no later than 60 days of the initiation of the proposed change.

- The administrative amendment shall take effect 30 days after receipt by the owner/operator or the Department respectively, unless prior to the expiration of the 30 days:
  - The owner or operator contests the administrative amendment in writing, or
  - The Department disapproves the proposed amendment in writing.

**(3) What is the application fee?** None.

**(4) Where do I send my completed plan application?**

Your completed plan application, along with any supplemental or pollution control device forms that may be required, must be submitted **in duplicate** to the appropriate [MassDEP Regional Office](#) for review and, if merited, approval.

Upon approval, MassDEP will stamp the second copy of the plan application and return it to you so both you and the agency will have identical copies of the Plan Approval.

**(5) How can I avoid the most common mistakes made in applying for an Administrative Amendment?**

- Answer all questions on the form and indicate "N/A" (not applicable) where appropriate.
- Submit all supplementary information requested in the application.
- Submit two copies of the application to the regional office for review. One copy must have original signatures. The duplicate may be a photocopy.



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**(6) What are the regulations that apply to these permits? Where can I get copies?**

These regulations include, but are not limited to:

- Air Pollution Control Regulations, 310 CMR 6.00-8.00
- 310 CMR 4.00

These may be purchased at:

**State Bookstore (in State House)**  
**Room 116**  
**Boston, MA 02133**  
**617-727-2834**

**State Bookstore**  
**436 Dwight Street**  
**Springfield, MA 01103**  
**413-784-1376**

Commonwealth of Massachusetts Air Regulations may be searched at the Commonwealth's Web Site at:

<http://mass.gov/dep/air/laws/regulati.htm>



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**(1) Directions for completing Form LPA/CPA Administrative Amendment:**

- (A) **Facility Information:** Complete using information directly from the current Plan approval
- (B) **Reason for Submission:** Check the appropriate box and attach documentation.
- (C) **Describe Reason(s) for Submission in Detail:** Elaborate on reason, using additional sheets if necessary.
- (D) **Certification:** Any application form, report, or compliance certification submitted pursuant to 310 CMR 7.02(13) shall contain certification by a responsible official of truth, accuracy, and completeness in accordance with 310 CMR 7.01(2).



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**Completeness Check List**

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**Application Completeness Checklist**

- The MassDEP Transmittal Form is completed: <http://mass.gov/dep/service/online/trasmfrm.shtml>
- Form LPA/CPA Administrative Amendment is completed.
- A cover letter is attached explaining the request.

To submit the application package:

- Checklist items have been completed.
- Send two copies of the application along with one copy of the MassDEP Transmittal Form to:

Department of Environmental Protection

\_\_\_\_\_ \* Regional Office

Bureau of Waste Prevention

\* Find your region: <http://mass.gov/dep/about/region/findyour.htm>



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**To Previously Issued Plan Approval**

Transmittal Number \_\_\_\_\_

Facility ID (From Existing LPA/CPA) \_\_\_\_\_

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



**A. Facility Information** (site or works at which the regulated activity occurs)

Facility Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_

MA

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

MassDEP Account # / FMF Facility # (if Known) \_\_\_\_\_

Facility AQ # / SEIS ID # (From Existing LPA/CPA) \_\_\_\_\_

Standard Industrial Classification (SIC) Code \_\_\_\_\_

North American Industry Classification System (NAICS) Code \_\_\_\_\_

Mailing Address:

Street/P.O. Box \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Facility Contact Person \_\_\_\_\_

Contact Person Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address (Optional) \_\_\_\_\_

**B. Reason(s) for Submission:** (check all that apply)

- Change in business name, facility name, mailing address, telephone number, or name of facility contact.
- Change in ownership of the facility that is subject to the plan approval.
- Increase in frequency of recordkeeping, monitoring, reporting or testing above that previously specified in the plan approval.
- Correction of typographical errors.
- Other (Specify): \_\_\_\_\_

Effective Date of Change(s): \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_\_

**C. Explain Reason(s) for Submission in Detail:** (continue on separate attachment, if necessary)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**D. Certification**

This Form must be signed by a Responsible Official working at the location of the facility. Even if an agent has been designated to fill out this Form, the Responsible Official must sign it. (Refer to the definition given in 310 CMR 7.00.)

**I certify that I have personally examined the foregoing and am familiar with the information contained 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 possible fines and imprisonment.**

\_\_\_\_\_  
Responsible Official Name (Type or Print)

\_\_\_\_\_  
Responsible Official Signature

\_\_\_\_\_  
Responsible Official Title

\_\_\_\_\_  
Responsible Official Company/Organization Name

\_\_\_\_\_  
Date (MM/DD/YYYY)

This Space Reserved for  
MassDEP Approval Stamp.