



Division of Materials and Waste Management  
**“Standalone” C&DD Processing Facility  
2023 License Application Instructions**

### **Information**

A standalone construction and demolition debris (C&DD) processing facility means a C&DD processing facility that is not located wholly within the facility boundary of a licensed C&DD facility. Every standalone C&DD processing facility must have a current, effective license to legally operate.

There are four types of applications for most processing facilities: initial, renewal, modification, or transfer. For a new standalone C&DD processing facility, you must apply for your initial license at least 90 days prior to the anticipated date for accepting debris at the processing facility. For an existing standalone C&DD processing facility, you must apply for a renewal license annually by September 30 of the prior calendar year. Modification applications must be submitted and approved by the licensing authority prior to making any modifications to the processing facility. Transfer applications must be submitted 120 days prior to the proposed transfer taking place.

**NOTE: A standalone C&DD processing facility operating on or before the effective date of the rules (April 18, 2022) must apply for a license not later than October 18, 2022.**

### **Instructions**

- Please complete all required fields in the application, otherwise the application review cannot be completed and the application will not be accepted.
- Mark (☒) for all included attachments.
- The applicant for a processing facility license must be either the property owner or the operator and may be either a person or an organization.
- If the applicant is the processing facility operator and not the property owner, they must have written permission from the property owner and include a copy with this license application.
- If applying for a license transfer, a copy of the transfer agreement must be provided with the application.
- Information for both the processing facility operator and the Certified/Interim Operator must be supplied or the application will not be accepted. The processing facility operator (person or organization) has oversight and control of processing facility operations. The Certified/Interim Operator is the person directly responsible for the day-to-day site operations.
- If the property owner is a corporation, list all persons or organizations that own more than 10% of the shares of the corporation.
- Financial assurance must be established and funded prior to license issuance. Include documentation showing that financial assurance has been established and fully funded with this application.



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**Application Fee**

An application fee of **\$100** must accompany your license application. The application fee should be made payable to the licensing authority. If the licensing authority is Ohio EPA, make payment payable to Treasurer, State of Ohio. Specific questions about how to pay your application fee should be directed to your licensing authority.

Note: An additional **\$650** license issuance fee will be due within 30 days of license issuance.

**Submission Instructions**

Submit the entire license application, and \$100 application fee, to the licensing authority. The licensing authority is the same as the permitting authority. The licensing authority is your local health department (city or county) if they have been approved by Ohio EPA to implement the C&DD program. Check here to see if your local health department is approved:

[https://epa.ohio.gov/static/Portals/34/document/facility\\_lists/approved\\_list\\_of\\_hds.pdf](https://epa.ohio.gov/static/Portals/34/document/facility_lists/approved_list_of_hds.pdf).

If your local health department is approved, contact them directly to submit your license application and application fee. You can find contact information for your local health department here:

<https://odh.ohio.gov/find-local-health-districts>.

If your local health department is not approved by Ohio EPA to implement the C&DD program, then Ohio EPA is the licensing authority. You are encouraged to submit the application and all attachments electronically at

<https://epa.ohio.gov/divisions-and-offices/materials-and-waste-management/about-dmwm/dmwm-electronic-file-submission>.

Alternatively, you can mail the completed application to:  
Ohio EPA - DMWM, P.O. Box 1049, Columbus, Ohio 43216-1049.



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<b>Section 1: General Information</b>		<b>Ohio EPA Use Only</b>			
		Secondary ID:			
		Date Received:			
<b>Processing Facility Information</b>					
Legal Name:					
Alternate Name:					
Street Address:					
City:		State:		ZIP:	
County:		Lat./Long./Point Description:			
Billing Address:					
City:		State:		ZIP:	
Contact Person Name:					
Phone Number:		Email Address:			
<b>Property Owner Information</b>					
<b>Owner Type:</b>	Individual	<input type="checkbox"/>	LLC	<input type="checkbox"/>	
	Government	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	
	Sole Proprietorship	<input type="checkbox"/>	Corporation*	<input type="checkbox"/>	
* If the property owner is a corporation, attach a list of all persons or organizations that own more than 10 percent of the shares of the corporation.					
Property Owner Name:					
Parcel Number(s):					
Percent Ownership:		<i>All property owners must be included on this application and total 100%</i>			
Mailing Address:					
City:		State:		ZIP:	
Phone Number:		Email Address:			
Check if property owner is the applicant					<input type="checkbox"/>
If the property owner is not the applicant, attach written permission from each property owner					<input type="checkbox"/>
Please attach additional entries for each property owner where the processing facility is located.					



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Operator Information (if different from property owner)				
<b>Operator Type:</b>	<b>Individual</b>	<input type="checkbox"/>	<b>LLC</b>	<input type="checkbox"/>
	<b>Government</b>	<input type="checkbox"/>	<b>Partnership</b>	<input type="checkbox"/>
	<b>Sole Proprietorship</b>	<input type="checkbox"/>	<b>Corporation</b>	<input type="checkbox"/>
<b>Operator Name:</b>				
<b>Mailing Address:</b>				
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>		
<b>Phone Number:</b>	<b>Email Address:</b>			
<b>Check if operator is the applicant</b>				<input type="checkbox"/>
Preparer Information (if different from property owner and operator)				
<b>Preparer Name:</b>				
<b>Company:</b>				
<b>Mailing Address:</b>				
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>		
<b>Phone Number:</b>	<b>Email Address:</b>			
Certification				
<p>The applicant, owner, or operator signing this application form shall be one of the following:</p> <ol style="list-style-type: none"> <li>1. In the case of a corporation, a principal executive officer of at least the level of vice president or a duly authorized representative, if such representative is responsible for the overall operation of the facility.</li> <li>2. In the case of a partnership, a general partner.</li> <li>3. In the case of a limited liability company, a manager, member, or other duly authorized representative of the limited liability company, if such representative is responsible for the overall operation of the facility.</li> <li>4. In the case of sole proprietorship, the owner.</li> <li>5. In the case of a municipal, state, federal, or other government facility, the principal executive officer, the ranking elected official or other duly authorized employee.</li> </ol> <p>By signing this document I hereby certify that all statements and all assertions of fact made in the document to the best of my knowledge and belief are true and accurate, include all required information, and comply fully with applicable rules.</p>				
<b>Printed Name:</b>			<b>Title:</b>	
<b>Signature:</b>			<b>Date:</b>	
<b>Application Fee Enclosed (\$100)</b>				<input type="checkbox"/>



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Application Type			
<b>Reason for Application:</b>	<input type="checkbox"/>	Initial (Write date of initial debris acceptance below)	<input type="checkbox"/>
		Date:	Renewal
	<input type="checkbox"/>	Transfer (Write date of transfer below)	<input type="checkbox"/>
		Date:	Modification (Check type of modification below)
<b>Type of Modification(s) (If applicable) (Check all that apply):</b>	<input type="checkbox"/>	Change to horizontal limits of construction and demolition debris processing	
	<input type="checkbox"/>	Change to the processing facility property line	
	<input type="checkbox"/>	Increase in the maximum volume of mixed C&DD authorized to be on-site	
Certified Operator			
<b>Certified Operator Name:</b>			
<b>Certified Operator ID #:</b>			
<b>Interim Operator Name (If applicable):</b>			
Please list any additional Certified Operators and ID #s			
<b>Name:</b>			<b>ID #:</b>
<b>Name:</b>			<b>ID #:</b>
<b>Name:</b>			<b>ID #:</b>



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Financial Assurance	
<p>The owner or operator of a standalone C&amp;DD processing facility shall establish and maintain financial assurance for closure. Financial assurance must be established and funded prior to the issuance of a license. All financial assurance documentation shall be submitted to the Licensing Authority (Ohio EPA, or Approved Health District). Proof that financial assurance is funded and maintained may be shown by submitting a receipt for payment of the financial assurance from the financial institution(s) providing the financial assurance with your license application.</p> <p>The license cannot be issued unless the financial assurance has been established, funded, and maintained for closure, and documentation of the financial assurance has been submitted in accordance with OAC Chapter 3745.</p>	
Final Closure Cost Estimate (see PTI application):	
Will a three-year transition period be used in accordance with <i>OAC Rule 3745-400-57</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Final closure transition amount for 2023 (40% of full amount), if applicable:	
Final closure transition amount for 2024 (70% of full amount), if applicable:	
Amount of financial assurance funded with this license application:	
Include documentation showing that financial assurance has been established and fully funded	<input type="checkbox"/>



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Multimedia Information				
<b>Please fill out any fields below that differ from your most recent C&amp;DD Processing Facility PTI application submittal.</b>				
Division of Surface Water				
<b>Current NPDES Permit?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Permit Number:</b>				
<b>Date Issued:</b>				
<b>Expiration Date:</b>				
New/Modified DSW Permit Application				
<b>Required?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Submitted?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Date:</b>	<b>App #:</b>
<b>Issued?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Date:</b>	<b>Permit #:</b>
Division of Air Pollution Control				
<b>Current DAPC Permit?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Permit Number(s):</b>				
<b>Date(s) Issued:</b>				
<b>Expiration Date(s):</b>				
New/Modified DAPC Permit Application				
<b>Required?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Submitted?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Date:</b>	<b>App #:</b>
<b>Issued?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Date:</b>	<b>Permit #:</b>
Other Permits, Licenses, or Authorizations (if applicable)				
Permit, License, or Authorization	Local, State, or Federal Agency	Date Application Submitted		