



**FOR AGENCY USE ONLY**

Date Received: / /	Application Number:	Basin Code:
Check Date: / /	Check Number:	Check Amount:
Organization ID:	Document ID:	Place ID:

**Read accompanying instructions carefully before completing this form.**

Submission of this NOI constitutes notice that the party identified in Section 3 of this form intends to be authorized to install a treatment works under Ohio EPA's PTI general permit program. Becoming a permittee obligates a permittee to comply with the terms and conditions of the permit. Complete all required information as indicated by the instructions. **Forms transmitted by fax will not be accepted.** A check for the proper amount, made payable to "Treasurer, State of Ohio" must accompany this form, along with the Engineer Certification, Treatment Works Certification and four sets of detailed plans.

**1. Project Name:**

**2. Brief Project Description:**

**3. Applicant Information:**

Name:					
Mailing Address:					
City:		State:		Zip:	
Contact Name:					
Title:					
Phone:	( ) -	Fax:	( ) -	E-mail :	

**4. Design Engineer Information:**

Name:					
Mailing Address:					
City:		State:		Zip:	
Contact Name:					
Title:					
Phone:	( ) -	Fax:	( ) -	E-mail :	

**5. Project Location:**

Street Address or Location:					
County:		Township:			
Municipality:		Latitude:		Longitude:	
Method of Determination:					

<b>6. Will one or more acres be disturbed during construction of this project?</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If <b>Yes</b> , enter the date the NOI for coverage under the construction storm water NPDES permit was submitted:    /    /    and the date coverage was granted:    /    /					
<b>7. Estimated Project Schedule:</b>					
Beginning construction date:	/ /	Ending construction date:	/ /	Beginning operation date:	/ /
<b>8. Project Cost:</b>					
Installation/Construction Cost:	\$	(Mark one):	<input type="checkbox"/> Actual	<input type="checkbox"/> Bid	<input type="checkbox"/> Estimate
Annual Operation/Maintenance Cost (if applicable - this project only):	\$				
Are Water Pollution Control Loan Funds going to be used for this project?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If <b>No</b> , Funding Source:					
<b>9. Fee Calculations:</b>					
Permit-to-Install (maximum total fee \$15,100)					
a. Application fee:	\$ 100.00				
b. Plan review fee:	\$ 100.00				
c. Plan review fee (construction cost x .0065):	\$				
d. Total Fee (a + b + c):	\$				
<b>10. Signature of the Applicant:</b> (see Ohio Administrative Code 3745-42-03)					
<i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that all the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. By signing this document I certify that I have applied for all applicable permits (e.g. 401/404, NPDES construction stormwater) required by law pertaining to this proposed project.</i>					
Typed name:			Title:		
Signature:			Date:    /    /		

**NOTE (Who Must Sign):**

The person signing as "Applicant" is not the applicant's engineer or architect or any other person submitting the Permit-to-Install Application on behalf of the owner. The "Applicant" is usually the owner of the facility, business, corporation, company, etc. It is not the engineer who prepared the plans.