

FACILITY NAME: \_\_\_\_\_  
\_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_  
DATE DUE (10 WORKING DAYS AFTER RECEIPT): \_\_\_\_\_

**PERMIT BY RULE CHECKLIST**  
Energy Recovery Facilities (9 VAC 20-80-480.E.3)

A. Notifies Director and provides proper documentation (9 VAC 20-80-480.E.3)

1. Notice of Intent (9 VAC 20-80-480.E.3.a)  
Provided (Y/N) \_\_\_\_\_  
Complete (Y/N) \_\_\_\_\_  
Location: \_\_\_\_\_  
Comments/Deficiencies:  
\_\_\_\_\_  
\_\_\_\_\_

2. Disclosure statement (Appendix 7.1.)  
Provided (Y/N) \_\_\_\_\_  
Complete (Y/N) \_\_\_\_\_  
Location: \_\_\_\_\_  
Comments/Deficiencies:  
\_\_\_\_\_  
\_\_\_\_\_

3. Local Government Certification (Appendix 7.2.)  
Provided (Y/N) \_\_\_\_\_  
Complete (Y/N) \_\_\_\_\_  
Location: \_\_\_\_\_  
Comments/Deficiencies:  
\_\_\_\_\_  
\_\_\_\_\_

B. Certification for siting standards (9 VAC 20-80-370.B)  
Provided (Y/N) \_\_\_\_\_  
Location: \_\_\_\_\_  
Comments:  
\_\_\_\_\_  
\_\_\_\_\_

C. Certificate signed by a registered professional engineer for design and construction (9 VAC 20-80-370.C)  
Provided (Y/N) \_\_\_\_\_  
Location: \_\_\_\_\_  
Comments:  
\_\_\_\_\_  
\_\_\_\_\_

D. Operational Plan (9 VAC 20-80-370.D)  
Provided (Y/N) \_\_\_\_\_  
Location: \_\_\_\_\_

Comments:

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E. Closure Plan (9 VAC 20-80-370.E.)

Provided (Y/N) \_\_\_\_\_

Complete (Y/N) \_\_\_\_\_

Location: \_\_\_\_\_

Comments/Deficiencies:

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F. Financial Assurance (9 VAC 20-70-10 *et seq*)

Provided (Y/N) \_\_\_\_\_

Complete (Y/N) \_\_\_\_\_

Location: \_\_\_\_\_

Comments/Deficiencies:

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G. Copy of permit issued by DEQ, Air Division

Provided (Y/N) \_\_\_\_\_

Complete (Y/N) \_\_\_\_\_

Location: \_\_\_\_\_

Comments/Deficiencies:

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