



Department of Environmental Protection

DEP Form # 62-701.900(25)
Waste Tire Collection Center
Form Title Permit Application
Effective Date 3/22/00
DEP Application No. _____ (Filled in by DEP)

Waste Tire Collection Center Permit Application

A Waste Tire Collection Center Permit allows up to 1,500 waste tires to be stored at the facility at any on time. If this quantity is exceeded, a Waste Tire Processing Facility Permit is required.

Permit No. _____

Renewal Modification Existing unpermitted facility Proposed new facility

Part I-General Information:

A. Applicant Information:

1. Applicant Name: _____
2. Applicant Street Address: _____
3. City: _____ County: _____ Zip: _____
4. Applicant Mailing Address: _____
5. City: _____ County: _____ Zip: _____
6. Contact person: _____ Phone: () _____ FEID No: _____
7. Have any enforcement actions been taken by the Department against the applicant relating to the operation of any solid waste management facility in this state? This includes any Complaint, Notice of Violation, or revocation of a permit or registration, as well as any Consent Order in which a violation of Department rules is admitted. It does not include a Warning Letter, Warning Notice, Notice of Noncompliance, or other similar document which does not constitute agency action.
Yes _____ No _____ If yes, attach a history and description of the enforcement actions.

B. Facility Information:

1. Facility Name: _____
2. Facility Street Address (Main Entrance): _____
3. City: _____ County: _____ Zip: _____
4. Facility Mailing Address: _____
5. City: _____ State: _____ Zip: _____
6. Contact Person: _____ Phone: () _____

Facility Location Coordinates:

7. Section: _____ Township: _____ Range: _____
8. Latitude: _____ Longitude: _____
9. Anticipated date for starting construction _____ and for completion of construction _____
10. Anticipated date for receipt of tires _____

Mail completed form to appropriate district office listed below

Northwest District
160 Governmental Center
Pensacola, FL 32501-5794
850-595-8360

Northeast District
7825 Baymeadows Way, Ste. 200 B
Jacksonville, FL 32256-7590
904-448-4300

Central District
3319 Maguire Blvd., Ste. 232
Orlando, FL 32803-3767
407-894-7555

Southwest District
3804 Coconut Palm Dr.
Tampa, FL 33619
813-744-6100

South District
2295 Victoria Ave., Ste. 364
Fort Myers, FL 33902-2549
941-332-6975

Southeast District
400 North Congress Ave.
West Palm Beach, FL 33401
561-681-6600

C. Land Owner Information (if different from applicant):

1. Owner's name: _____
2. Land owner's mailing address: _____
3. City: _____ State: _____ Zip: _____
4. Authorized Agent: _____ Agent's phone: () _____
5. Current lease expires: _____

D. Facility Operator Information (if different from applicant):

1. Operator's name: _____
2. Operator's mailing address: _____
3. City: _____ State: _____ Zip: _____
4. Contact person: _____ Phone: () _____

E. Preparer of Application:

1. Name of person preparing application: _____
2. Mailing address: _____
3. City: _____ State: _____ Zip: _____
4. Phone: () _____
5. Affiliation with facility: _____

Part II Operations:

A. Describe the general operation of the collection center _____

B. Describe how and where the waste tires will be used, sold, or disposed of _____

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Part III-Attachments:

Please attach the following information to this application:

- A.** A plot plan of the collection center showing:
 1. Boundaries of the area being permitted, easements, and rights of way.
 2. All wetlands and water bodies in or within 200 feet of this area
 3. The waste tire storage area.
 4. All structures including buildings, fences, roadways, stormwater control devices, and water wells.
- B.** A copy of a fire safety survey of the collection center
- C.** A copy of the emergency preparedness manual.
- D.** A letter from the landowner (if different from applicant) authorizing the use of the land as a waste tire collection center.
- E.** A check for the application fee.

NOTE: The record keeping requirements of 62-711.400(5) apply to collection centers. However, reports to the Department are not required.

Part IV Certification:

To the best of my knowledge and belief, I certify the information provided in this application is true, accurate, and correct. I have attached all documents and/or authorizations that are required.

Print Name of Authorized Agent	Signature of Authorized Agent	Date
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