



Houston Department of
Health and Human Services



Bureau of Pollution Control & Prevention

7411 Park Place, Houston, Texas 77087 832-393-5730

CONCRETE CRUSHING SITE PERMIT APPLICATION

The information on this application must be accurate and current. Failure to submit a complete and correct application could delay processing or result in denial of permit application. Please ensure that a response is made in each blank.

1. CONCRETE CRUSHING COMPANY

Company Name: _____ Mailing Address: _____

Concrete Crushing Site Address: _____

Phone: (____) _____ Fax: _____

Owner: _____ (Print) E-mail: _____

Site Manager or Authorized Representative: _____ (Print)

2. AUTHORIZED REPRESENTATIVE:

The information provided in this application is true, complete and accurate. I understand that submitting an incomplete or inaccurate application will result in the forfeiture of the company's application fee. Falsification of the information contained in this permit application will result in the forfeiture of any concrete crushing site permit which was issued based on this information.

I understand that by signing this application I am certifying that I have the authority to make the representations included in this application on behalf of the applicant.

Name _____ Title _____

Signature _____ Date _____

Attachments:

For Office Use ONLY:

Permit Number: _____

Reg. Fee: _____

Approved: _____

Denied: _____

Hearing Requested: _____



PERMIT APPLICATION CHECKLIST

Complete the application and refer to the checklist below to ensure all attachments are included to support the application.

Application Checklist:

- _____ Concrete Crushing Site Permit Application form.
- _____ Drawing, plot plan, or site map detailing location of operation and brief narrative describing operations.
- _____ Emissions information (amount, type, and through-put)
- _____ Descriptive data including but not limited to Best Management Practices for dust suppression, hours of operation, and copies of TCEQ air authorizations.
- _____ Application fee of \$500.00 per site
- _____ Make checks payable to City of Houston and be sure to list the site address on the check.

Please send the application and all attachments to:

Business Management Office Attn: Sawee Lam
Houston Department of Health and Human Services
8000 North Stadium Dr.
Houston, Texas 77054-1823