



DEPARTMENT USE ONLY

DEC APPLICATION NO.

ACTIVITY NUMBER(S)

DIVISION OF MATERIALS MANAGEMENT
APPLICATION FOR A SOLID WASTE MANAGEMENT FACILITY PERMIT

Please read all instructions before completing this application

Reset Form

Please TYPE or PRINT clearly

1. APPLICATION TYPE (CHECK ALL APPLICABLE BOXES):

Initial (New) Modification Renewal (Existing permit expiration date:)

2. APPLICANT IS:

Facility Owner Facility Operator

3. IS APPLICATION FILED BY OR ON BEHALF OF A MUNICIPALITY?

YES (Name of municipality:) NO

4. FACILITY NAME AND LOCATION (Attach USGS Topo Map showing exact location)

Name:
Address:
Town: County:
Coordinates: NYTM-E NYTM-N
Existing solid waste management facility permit number (if applicable):
Check here if facility owner, operator and/or real property owner has changed since last application was submitted.

5. FACILITY OWNER'S INFORMATION

Name:
Address:
City/State/Zip:
Phone number:
Email:

6. FACILITY OPERATOR'S INFORMATION

Name:
Address:
City/State/Zip:
Phone number:
Email:

7. ENGINEER'S INFORMATION

Name:
NYS Professional Engineer License #:
Firm Name:
Address:
City/State/Zip:
Phone number:
Email:

8. REAL PROPERTY OWNER'S INFORMATION

Name:
Address:
City/State/Zip:
Phone number:
Email:

Check here if facility owner is not real property owner. See instruction page for written permission requirement.

9. TYPE OF FACILITY (CHECK ALL APPLICABLE BOXES)

- Combustion & Thermal Treatment (362-1)
C & D Debris Handling & Recovery (361-5)
Composting & Other Organics Processing (361-3)
Household Hazardous Waste Collection (362-4)
Land Application & Associated Storage (361-2)
Landfill (363)
Regulated Medical Waste (365)
Mulch Processing (361-4)
Municipal Solid Waste Processing (362-2)
Navigational Dredge Material Handling & Recovery (361-9)
Nonspecific Facilities (360.17)
Recyclables Handling & Recovery (361-1)
Research, Development, and Demonstration (360.18)
Transfer (362-3)
Waste Oil (374-2)
Waste Tire Handling & Recovery (361-6)
Used Cooking Oil & Yellow Grease (361-8)

10. NAME(S) OF ALL MUNICIPALITIES IN SERVICE AREA:

Niagara and Erie Counties

11. SOLID WASTE ACCEPTED: Identify facility capacity and throughput of each waste type, as applicable

ITEM	CAPACITY	DAILY THROUGHPUT
MSW	417 t / 1,667 cyd	800 t / 3,200 cyd
C&D	625 t / 833 cyd	100 t / 133 cyd
SSR	67 t / 833 cyd	49 t / 613 cyd
Tires	4 t / 40 cyd	1 t / 10 cyd
Outdoor Storage	132 t / 900cyd	na
TOTAL:	1,244 t / 4,273 cyd	950 t / 3,965 cyd

FOR MODIFICATION APPLICATION ONLY

12. DOES THE MODIFICATION APPLICATION INVOLVE (CHECK ALL APPLICABLE BOXES):

New waste type New equipment Waste acceptance rate increase Facility expansion (including landfill)

SKIP QUESTION #13 AND #14 IF APPLYING FOR RENEWAL ONLY

13. APPLICATION DESCRIPTION

Include a brief description of new or modification request

Initial/new Application for construction and operation of an MSW/CDD/SSR Transfer Station as further described in the supporting application materials (Narrative, Facility Manual, and Engineering Report).

14. FACILITY SIZE

a. Facility size proposed (acres) 4.54
 b. Total site area (acres) 4.54

For modification application ONLY

c. Associated facility size change (acres) _____

For Landfill ONLY

d. Facility size ultimately planned (acres) _____
 e. Existing landfill area on this site and adjacent properties (acres) _____
 f. Ultimate facility height above ground level (feet) _____

15. IS A VARIANCE REQUESTED FROM ANY PROVISION OF 6 NYCRR PART 360 SERIES?

Yes No If yes, submit an application for variance and cite specific provision(s) here: _____

16. REAL PROPERTY OWNER CERTIFICATION

Corporation Partnership Sole Proprietorship Municipality/other government entity Other: _____

I hereby attest that I am the owner of the real property on which the facility is located or the proposed or modified facility will be located and am signing in my individual capacity.

Or if signing in a representative capacity: I hereby attest that I am the (indicate title or capacity) _____, an authorized representative of the owner of the real property on which the facility is located or the proposed or modified facility will be located). I am duly authorized on behalf of said owner to sign make this certification on this application.

I grant permission for the applicant to apply for the permit, and construct and operate the facility described in the application in accordance with a final DEC permit or approval. I also grant permission for the department to access the above-described real property, including any adjacent areas, during all reasonable times (including but not limited to 7:00 am to 7:00 pm Monday through Friday, and additional facility hours of operation, and as appropriate during emergencies and similar exigent circumstances) without the property owner, applicant or other representative of the property owner or facility present. If the property is posted with "keep out" signs or fenced with an unlocked gate, department staff may still enter the property. Department staff may traverse the property, inspect the facility, take measurements, analyze site physical characteristics, take soil and vegetation samples, sketch and photograph the property, and conduct other activities necessary to evaluate the permit application or assess the facility's compliance with the permit and any other applicable statutory or regulatory requirements.

I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Signature: [Signature] Print Name: Francis V. Barone Date: 5/28/24
 Title or Representation if signing in a representative capacity: _____

17. APPLICANT CERTIFICATION

Corporation Partnership Sole Proprietorship Municipality/other government entity Other: _____

I hereby attest that I am the (check one) President/Vice President General Partner Sole Proprietor Duly Authorized Municipal Representative of (APPLICANT) 56th Transfer LLC and the legally responsible party for this application as presented to NYSDEC. I affirm that the statements and information provided on this application and all attachments submitted herewith are true, accurate, and complete.

I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law. I accept full responsibility for all damage, direct or indirect, of whatever nature, and by whomever suffered, arising out of the project described herein and agree to indemnify and hold harmless the State from any and all causes of action in law or equity, resulting from the said project.

Signature: [Signature] Print Name: John B. Battaglia Date: 5/28/24