

## Westchester County Department of Health 25 Moore Avenue Mount Kisco, NY 10549

## APPLICATION FOR PERMIT TRANSFER (CHANGE OF OWNERSHIP)

## PART 1 – TRANSFEREE (New Owner) Completes:

1.	Attach a copy of current certificate	operate a source of air contamination	
2.	Name of Transferee:	Phone Number ()	
	Mailing Address:	Email:	
3.	Name of Facility:		
	FacilityAddress		
4.	Will there be any modifications to sheet. Details will be reviewed to	e current operation as permitted? Yes No If yes, submit details on setermine if the modification requires approval by this department.	parat
5.	Provide Proof of Insurance: Worker's Compensation Insurance Form C-105.2 or U-26.3, and Disability Insurance Form DB-120.1		
6.	If new owner is a corporation or L	, complete Certificate of Resolution for Authorization form.	
7.	CERTIFICATION: This certifies that the Transferee seeks to be the legally responsible party for operations, authorized by the permit identified above. The Transferee has a copy of the permit(s) and understands and will comply with all conditions in the reference permit(s) and supports the content of referenced application(s). Facility operations will remain the same as authorized. Further, hereby affirm that under penalty or perjury that information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief.		
	Printed Name and Title of Transfe		
	Signature of Transferee	Date	
1.		Phone ()	
2.	Name of Facility if different from F	lity name in Part 1:	
3.		ownership for the facility identified in Part 1 of this form will be/ was conveyed (date). I affirm that this conveyance includes the rights and oblig ns identified above.	
	Printed Name and Title of Transfer		
	Signature of Transferor	Date	
	PART III – PERMIT TRANSFE	ALIDATION SECTION - (FOR OFFICIAL USE ONLY)	
	permit, without exception.	Effective as of Transferee subject to conditions of original CTO) reflecting new owner information	
S	Signature	Date	