# Local Government Certification Request

## DEQ CERT-01 Form – Part 1: Zoning Certification Request

### Applicant Information

APPLICANT:

APPLICANT’S MAILING ADDRESS:

FACILITY/BUSINESS NAME:

FACILITY LOCATION (ADDRESS and/or PARCEL ID):

TYPE OF REGULATED MEDICAL WASTE MANAGEMENT FACILITY:

### Certification Request

The applicant is in the process of completing an application for a permit for a regulated medical waste management facility to be issued by the Virginia Department of Environmental Quality. In accordance with §10.1-1408.1 Code of Virginia (1950), as amended, before such a permit application can be considered complete, the applicant has to obtain certification from the governing body of the county, city, or town in which the facility is to be located that the location and the operation of the proposed facility and/or its proposed expansion is in accordance with all applicable local ordinances. *The undersigned requests that an authorized representative of the local governing body sign the certification below.*

SIGNATURE OF THE APPLICANT:

TYPED OR PRINTED NAME:       Date:

TITLE:       TELEPHONE:

NOTE: The applicant should enclose an appropriate map showing the location of the proposed facility / expansion.

### Zoning Certification

*The undersigned certifies that the location and operation of the proposed facility/expansion is consistent with all applicable local ordinances adopted pursuant to Chapter 22 (§15.2-2200 et seq.) of Title 15.2. of the Code of Virginia.*

Is the facility limited by a Special Use, Conditional Use, or similar permit / authorization from the locality?

**□** NO **□** YES (please attach to this form)

SIGNATURE OF THE AUTHORIZED

LOCAL GOVERNMENT REPRESENTATIVE:

TYPED OR PRINTED NAME: DATE:

TITLE: TELEPHONE:

COUNTY, CITY, or TOWN:

# Local Government Certification Request

## DEQ CERT-01 Form – Part 2: Solid Waste Management Plan Certification Request

### Applicant Information

APPLICANT:

APPLICANT’S MAILING ADDRESS:

FACILITY/BUSINESS NAME:

FACILITY LOCATION (ADDRESS and/or PARCEL ID):

TYPE OF REGULATED MEDICAL WASTE MANAGEMENT FACILITY:

### Certification Request

The applicant is in the process of completing an application for a permit for a regulated medical waste management facility to be issued by the Virginia Department of Environmental Quality. In accordance with §10.1-1408.1 and §10.1-1411, Code of Virginia (1950), as amended, before such a permit application can be considered complete, the applicant has to obtain certification from the governing body of the county, city, or town in which the facility is to be located that the location and the operation of the proposed facility and/or its proposed expansion is: either consistent with the local or regional solid waste management plan (SWMP) or has initiated the process of amending the SWMP to include the new or expanded facility. For a permit by rule (PBR) application; in accordance with §10.1-1408.1.Q, the facility must be consistent with the SWMP that has been developed and approved in accordance with §10.1-1411. *The undersigned requests that an authorized representative of the solid waste planning unit sign the certification below.*

SIGNATURE OF THE APPLICANT:

TYPED OR PRINTED NAME:       Date:

TITLE:       TELEPHONE:

NOTE: The applicant should enclose an appropriate map showing the location of the proposed facility / expansion.

### Solid Waste Management Plan Certification

*The undersigned certifies that the proposed facility/expansion is consistent with the local or regional solid waste management plan (SWMP) or this plan is being amended for consistency. If the application is for a PBR, the undersigned certifies that the proposed facility is consistent with the SWMP and the SWMP has been approved in accordance with §10.1-1411.*

SIGNATURE OF THE AUTHORIZED

LOCAL GOVERNMENT REPRESENTATIVE:

TYPED OR PRINTED NAME: DATE:

TITLE: TELEPHONE:

COUNTY, CITY, or TOWN: