



CITY OF PHILADELPHIA
 DEPARTMENT OF PUBLIC HEALTH
 PUBLIC HEALTH SERVICES
 AIR MANAGEMENT SERVICES

Air Management Services
 321 University Avenue
 Philadelphia PA 19104-4543
 Phone: (215) 685-7572
 FAX: (215) 685-7593

INSTALLATION PERMIT APPLICATION FOR INTERNAL COMBUSTION ENGINES
(Prepare all information completely in print or type in duplicate)

Location of Source (Street Address)		Facility Name		Tax ID No.	
Owner		Mailing Address		Email:	
Contact Person		Mailing Address		Email:	
Is this a reconstruction, conversion, alteration, or replacement of an existing installation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where Unit is to be Installed <input type="checkbox"/> Roof <input type="checkbox"/> Outside <input type="checkbox"/> Inside _____ Floor		Building Height (ft)	
				Completion Date	

Type of internal combustion engine to be installed:
 Emergency generator Fire Pump Peak Shaving Generator Chiller Other _____

Description of apparatus to be installed (Attach plans and specifications)

INTERNAL COMBUSTION ENGINES	Engine Manufacturer		Power (Horsepower or KW)		Fuel Type (Diesel/Gasoline/Natural Gas/Other)	
	Engine Model		Manufactured Date of Engine		Engine Serial No:	
	If natural gas powered <input type="checkbox"/> Two Stroke lean burn <input type="checkbox"/> Four Stroke lean burn <input type="checkbox"/> Four Stroke rich burn				Maximum hourly fuel consumption rate: <input type="checkbox"/> Gallons <input type="checkbox"/> SCF	
	Maximum hours of operation per year (hours)		Frequency and duration of testing (minutes/month)		Nitrogen Oxides Emission factor <input type="checkbox"/> grams/hp-hr <input type="checkbox"/> lbs/MMBtu	
	If over 1000 hp (745.5 kW), maximum operating hours during May 1st through September 30th:			Heat Input (BTU/hr) for natural gas engines:		
	Please list any control devices that have been installed to control emissions from the engine:					

Please attach any supporting data (manufacturer specifications, stack tests, control efficiencies, etc.) or relevant information that you have for your unit.

I certify that I have the authority to submit this Permit Application on behalf of the applicant named herein and that the information provided in this application is true and correct to the best of my knowledge and information

Signature _____ Date _____ Address _____

Name & Title _____ Phone _____ Fax _____

Application No.	Plant ID	Health District	Census Tract	Fee	Date Received
Approved by	Date	Conformance by			Date

Instructions

INSTALLATION PERMIT APPLICATION FOR INTERNAL COMBUSTION ENGINES

1. This permit is issued for the construction and temporary operation of the equipment listed in the application until Air Management Services performs conformance test and issues the air pollution License.
2. Complete the application form and submit in duplicate along with the application fee payable to the "City of Philadelphia". The fee is \$430.
3. All information in the application is available to the public, if you wish to keep some information confidential, please place the stamped confidential information separately along with the requested letter. AMS will review the confidential request and advise you as appropriate.
4. All submissions and correspondence should be directed to:
Source Registration
Air Management Services
321 University Avenue
Philadelphia, PA 19104-4543.
Phone 215-685-7572
5. Term
 - Tax ID No.: This is the Federal Tax ID or Social security number. If the applicant has an Employer Identification number(EIN), this number must be used.