

# Instructions

## **GENERAL PLAN APPROVAL/OPERATING PERMIT APPLICATION for small gas and No. 2 oil fired combustion units**

1. Any combustion unit proposing to operate under the general plan approval and operating permit, must comply with the terms and conditions specified therein. Failure to conform with the applicable laws, rules and regulations and terms and conditions of this permit, for any reason, is grounds for the revocation or suspension of the permittee's approval to operate under this permit.
2. This permit cannot be used to cover the installation of a combustion unit where the emission increases from the installation of the new combustion unit and other emission increases that have occurred would subject the facility to prevention of significant deterioration (25 Pa. Code Chapter 127 Subchapter D) or New Source Review (25 Pa. Code Chapter 127 Subchapter E) requirements. Guidance in this regard may be obtained by contacting the Philadelphia Air Management Services.
3. This permit is applicable to combustion units less than 50 MM BTU per hour but greater than or equal to 10 MMBTU/hr and can combust natural gas or No. 2 oil
4. This permit is issued for a term of five years. The application fee is \$300 for 2000-2004 and \$375 thereafter. An application for renewal with a renewal fee of \$300 (for 2000-2004 and \$375 thereafter) is to be submitted 30 days prior to expiration of the permit.
5. Complete the application form and submit in duplicate.
6. Complete an Air Pollution Control Act Compliance History Form and submit in duplicate.
7. Payment of the permit application processing fee of \$300 (for 2000-2004 and \$375 thereafter) by means of one check made payable to the "City of Philadelphia" must be included with the form submission.
8. 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. All submissions and correspondence should be directed to:  
Source Registration  
Air Management Services  
321 University Avenue  
Philadelphia PA 19104-4543.
9. Terms
  - @ At
  - BTU British Thermal Unit
  - CFM Cubic feet per minute
  - ft Feet
  - °F Degree Fahrenheit
  - SP Static pressure
  - 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.



**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

**APPLICATION FOR GENERAL PLAN APPROVAL AND GENERAL OPERATING PERMIT  
 FOR SMALL GAS AND NO. 2 OIL FIRED COMBUSTION UNITS**

*(Prepare all information completely in print or type in duplicate)*

|  |                         |   |   |
|--|-------------------------|---|---|
| Location of unit:  | Type & use of building: | Building dimension (ft):  |   |
| Owner of combustion unit:  | Address:                | Tax ID No.:   |   |
|  |                         | Email:  |   |
|  |                         | Telephone No:   |   |
| Installer or contractor:   | Address:                | Telephone No:   |   |
| Combustion unit manufacturer:  | Model No:               | Rated heat input (BTU/hr):  |   |
|  |                         | Installation date:<br>____/____/____  |   |
| Low NO <sub>x</sub> Burner:<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Burner Installation date:<br>____/____/____ | Describe burner:        | Fuel:<br><input type="checkbox"/> Natural gas<br><input type="checkbox"/> No. 2 Fuel oil<br><input type="checkbox"/> Other_____ | Fuel usage meter:<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                |
| Stack dimension (ft):<br>Diameter _____<br>High above ground _____   |                         | Height and distance of nearest building higher than vent (ft):<br>Height _____<br>Distance _____                                | Fan: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>CFM _____ @ ____/ F and ____SP |

Affidavit

*I certify that, subjected to 18 PA.C.S.A. Section 4904 and 35 P.S. Section 4009(b) that I am the official having primary responsibility for the design and operation of the facilities to which this application applies and the information provided in this application is true to the best of my knowledge, information and belief formed after reasonable inquiry. I further certify that the facility will be operated in conformity with all limitations and conditions of the small combustion units general permit.*

Signature \_\_\_\_\_ Date \_\_\_\_\_ Address \_\_\_\_\_

Name & Title \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**THIS SECTION FOR OFFICIAL USE ONLY**

|                 |           |                             |               |      |                |
|-----------------|-----------|-----------------------------|---------------|------|----------------|
| Application No: | Plant ID: | Health District             | Census Tract: | Fee: | Date received: |
| Approved by:    | Date:     | Found to be conformance by: |               |      | Date:          |

Remarks:

