



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

**DUST CONTROL PERMIT APPLICATION FOR DEMOLITION**

*(Prepare all information completely in print or type in duplicate)  
 See Instructions for definitions*

Function of Building to be Demolished:		Building Address (Street Address & ZIP Code):		Building Owner Tax ID:
Building Owner	Mailing Address	E-Mail:	Telephone:	
Demolition Contractor	Mailing Address	E-Mail:	Telephone:	
Permit Contact	Mailing Address	E-Mail:	Telephone:	

Size of Building: \_\_\_\_\_ Anticipated Demolition Schedule: \_\_\_\_\_  
 # of Floors \_\_\_\_\_ Height \_\_\_\_\_ feet Area \_\_\_\_\_ square feet Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Description of Demolition and Dust Control Methods: (attach additional pages if necessary)

Alternative Methods  
 Is the applicant proposing any alternative methods to those required in Air Management Regulation II, Section IX.C.-D. for controlling dust during construction and demolition activities?  Yes  No  
 If Yes, please attach additional pages describing the reasons for not using the methods prescribed by the regulation and descriptions of the proposed alternative methods.

*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 \_\_\_\_\_ E-Mail \_\_\_\_\_

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

## Instructions

### DUST CONTROL PERMIT APPLICATION FOR DEMOLITION

This permit is issued for the demolition activities in the application.

1. **This dust control permit application must be submitted to and approved by AMS prior to the beginning the demolition.**
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 demolition and dust control activities must meet the requirements of Air Management Regulation II, Section IX ([http://www.phila.gov/health/pdfs/AMSRegulationI\\_II\\_IIICombined\\_20160811.pdf](http://www.phila.gov/health/pdfs/AMSRegulationI_II_IIICombined_20160811.pdf) )
4. All information in the application is available to the public. If you wish to keep some information confidential, please submit this information separately, stamped confidential, along with a letter requesting that it be kept confidential and justification for keeping it Confidential. AMS will review the request and determine if it can be kept confidential.
5. All submissions and correspondence should be directed to:  
Source Registration  
Air Management Services  
321 University Avenue  
Philadelphia, PA 19104-4543.  
Phone 215-685-7572
6. Definitions and Explanations:

*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.

*Function of the Building to be Demolished:* The former function of the building or structure, such as school, apartment building, warehouse, etc.

*Description of Demolition and Dust Control Measures:* Describe the building or structure being demolished, the demolition methods, and the various methods to control dust emissions.