



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

PROCESS EQUIPMENT INSTALLATION PERMIT APPLICATION FOR MINOR EMISSION SOURCE

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

Location of Source (Street Address)		Facility Name		Tax ID No.	
Owner		Mailing Address		Telephone	
Contact Person		Mailing Address		Telephone	
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
Description of apparatus to be installed (Attach plans and specifications)					
Manufacturer				Catalog number	
PROCESS DESCRIPTION	Materials processed (itemize by wt. %)		Capacity (wt. or vol.)	Process rate lbs./hr	
	How process is vented <input type="checkbox"/> Stack /Vent <input type="checkbox"/> Room <input type="checkbox"/> Air Cleaning Device _____ Is Air Cleaning Device Installation Permit Application attached? <input type="checkbox"/> Yes <input type="checkbox"/> No			Volume of exhaust _____ CFM @ _____ °F	
	Composition of exhaust (Weight per unit volume)			Operating cycle _____ hrs./day _____ days/ wk. _____ days/yr.	
PAINT SPRAYING	Type (dry, water-wash, etc..)		Size of enclosure (ft)	Volume of exhaust _____ CFM @ _____ °F	
	Type of paint	Amount used	Type of filters	Size of filters	No. of filters
BURNER(S) (if applicable)	Make	Fuel type and grade	Type of firing unit		Firing rate _____/hr.
	Flame failure control <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of ignition <input type="checkbox"/> Spark <input type="checkbox"/> Pilot <input type="checkbox"/> Manual		<input type="checkbox"/> Smoke alarm <input type="checkbox"/> Smoke recorder <input type="checkbox"/> Top of chimney visible to operator	
EXHAUST SYSTEM	Vent	Dimensions	Height above ground (ft)	Nearest bldg. higher than vent(ft)	Other equip. on vent
	Fan or Draft	<input type="checkbox"/> Mechanical <input type="checkbox"/> Natural	Make	Model	Capacity _____ CFM @ _____ °F & _____ S.P
MONITORING	List all process monitoring devices				

Attach all calculations and any additional information to demonstrate compliance with the applicable air regulations.

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

PROCESS EQUIPMENT INSTALLATION PERMIT APPLICATION FOR MINOR EMISSION SOURCE

1. This permit is applicable to the installation of process equipment for a minor emission source. Minor emission source is the source being exempted from the 25 Pa Code 127.14 or is located in a facility that has the annual emission restriction of less than:

8 tons of Volatile Organic Compound (VOC) or Sulfur oxide (SO_x);
20 tons of Carbon monoxide (CO);
10 tons of Nitrogen oxide (NO_x);
3 tons of particulate;
1 ton of a single Hazardous Air Pollutants (HAP); or
2.5 tons of combined HAP.
2. 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.
3. Complete the application form and submit in duplicate along with the application fee payable to the "City of Philadelphia". The fee is \$430.
4. 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.
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. Term
 - @ At
 - 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.
 - wt. Weight
 - Vol. Volume

Note: The issuance of an air pollution installation permit by Air Management Services does not relieve the facility from the obligation to obtain any other permits required by the Department of Licenses and Inspections prior to construction and/or operation of the process.