



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

**REQUEST FOR DETERMINATION OF REQUIREMENT FOR
 INSTALLATION PERMIT/OPERATING LICENSE**

(Submit In Duplicate)

Type of Source: _____ Date of Installation: _____

Owner of Source: _____ Tax I.D. No.: _____

Mailing Address: _____

Contact Person: _____ Telephone: _____

Location of Source(s):

Street Address: _____, Philadelphia, PA _____

Estimated Potential Emissions:

| Pollutant | VOC | NO _x | CO | SO ₂ | PM ₁₀ | Other |
|---------------------|-----|-----------------|----|-----------------|------------------|-------|
| Quantity lbs/hr | | | | | | |
| Quantity tons/yr | | | | | | |

Signature

Title

Date

OFFICIAL USE ONLY

Date Received: _____ Reviewed By: _____

[] Pursuant to the authority contained in Philadelphia Air Management Code the source(s) is exempted from the installation permit and operating license requirements. This determination does not exempt the source(s) from compliance with all other applicable air quality regulations.

[] The source(s) does not qualify for exemption from installation permit and operating license requirements under Philadelphia Air Management Code and application(s) must be submitted. The Department is prohibited from acting on an application until 30 days after the public have received notification by the company. Pertinent forms are attached.

Signature

Title

Date

Signature

Title

Date

(OVER)

Narrative Source Description (attach additional sheet(s) if necessary):

(Include: process description, maximum operational capacities, fuel consumption rates, exhaust volume, stack data, schematic flow diagram, material data safety sheet, etc.)

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Remarks: