

Instructions

CHANGE OF OWNERSHIP FORM PLAN APPROVAL / OPERATING PERMIT

This form is only applicable for a facility that is required to have an operating permit. An exempted facility is required to file a new license application form to replace its existing license.

If your facility changed ownership, you must:

1. Complete a "Notification of Change of Ownership" form in duplicate.
2. Complete an Air Pollution Control Act Compliance Review Form in duplicate.
3. Pay the appropriate application processing fee listed below by check made payable to the "City of Philadelphia".
 - Plan Approvals: \$230.00 from 2000-2004, \$300 thereafter.
 - Synthetic Minor and Natural Minor Operating Permits: \$300.00 from 2000-2004, \$375 thereafter.
 - Title V Operating Permits: \$615.00 from 2000-2004, \$750 thereafter.

All submissions and correspondence should be directed to:

Source Registration
Air Management Services
City of Philadelphia
321 University Avenue
Philadelphia PA 19104-4543



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

NOTIFICATION OF CHANGE OF OWNERSHIP

For Official Use Only	O P Number: ___ - _____	Date Received: ___/___/___
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REASON OF TRANSFER	<input type="checkbox"/> Sale <input type="checkbox"/> Other (specify): _____	Effective Date: ___/___/___
SOURCE DESCRIPTION	Type of Source: _____	Owner/operator's designation of source and/or plant if any _____
SOURCE LOCATION		
OWNER/OPERATOR STATUS	Does the firm that owns the source also operate it? (i.e., do the owner & operator have different Tax ID Numbers?). Leased boilers, etc. are considered owned for the purposes of this form. <input type="checkbox"/> Yes	This change of ownership form is for: <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Both
NEW OWNER/OPERATOR Tax ID Number: Firm Name:	Contact Person: Title: Telephone Number:	Mailing Address (Street or P.O. Box Number, City, State, ZIP Code)
PREVIOUS OWNER/OPERATOR Tax ID Number: Firm Name:	Mailing Address (Street or P.O. Box Number, City, State, ZIP Code)	

AFFIDAVIT

I, _____, being duly sworn according to law depose and state, under penalty of law as provided in 18 Pa. C.C. §4904 and Section 9(b)(2) of the Air Pollution Control Act, 35 P.S. §4009(b)(2), that I am the representative of the Applicant, identified above, authorized to make this affidavit. I further state that the information provided with this application is true and complete.

Sworn to and subscribed before me this ____ day of _____

_____,
 Notary Public

 Signature

 Name (typed)

 Title