



**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

**NATURAL MINOR OPERATING PERMIT APPLICATION**

**Section 1: General Information**

**1.1 Application Type**

Type of permit for which application is made:

- Initial                       Modification  
 Renewal                       Other: \_\_\_\_\_

<b>FOR OFFICIAL USE ONLY</b>
City OP #: _____
Reviewed By: _____
Date: _____
Comments: _____
_____

**1.2 Plant Information**

- a) Tax ID/EIN: \_\_\_\_\_ b) Firm Name: \_\_\_\_\_  
 c) Plant ID: \_\_\_\_\_ d) Plant Name: \_\_\_\_\_  
 e) Plant Address: \_\_\_\_\_  
 f) Permit Contact: \_\_\_\_\_ g) Telephone Number: \_\_\_\_\_  
 h) SIC Code: \_\_\_\_\_ i) Description of SIC Code: \_\_\_\_\_  
 \_\_\_\_\_

**1.3 Mailing Information**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**1.4 Certification of Truth, Accuracy and Completeness**

This certification must be signed by a responsible official. Applications without a signed certification will be returned as incomplete.

Subject to the penalties of Title 18 Pa. C.S. Section 4904 and 35 P.S. Section 4009 (b) (2), I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this application are true, accurate, and complete.	
(Signed) _____	Date ____/____/____
Name (Typed) _____	Title: _____



## 2.2 Process Information

For air pollution sources that do not have installation permits, complete the following information. Duplicate this page as necessary.

- a) Company Designation: \_\_\_\_\_
- b) Manufacturer: \_\_\_\_\_ c) Model Number: \_\_\_\_\_
- d) Standard Operation: \_\_\_\_\_ hours/day \_\_\_\_\_ days/week \_\_\_\_\_ weeks/year
- e) Is there a control device?:  Yes  No
- f) If "Yes" then:
- Type of Control Device: \_\_\_\_\_
- Pollutant Controlled: \_\_\_\_\_
- Estimated Control Efficiency: \_\_\_\_\_ %

### **Stack/Vent Info:**

- a) Is Discharge Vertical?:  Yes  No
- b) Stack/Vent Geometry:  Circular  Rectangular
- c) Dimensions: Diameter or Length and Width: \_\_\_\_\_
- d) Exhaust Temperature: \_\_\_\_\_ e) Exhaust Volume: \_\_\_\_\_ ACFM
- f) Height above Street Level: \_\_\_\_\_ g) Est. Distance to Nearest Property Line (Ft): \_\_\_\_\_
- h) Weather Cap?:  Yes  No