



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 ALTERNATIVE DUST CONTROL METHOD DURING CONSTRUCTION OR DEMOLITION

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

Description of Construction or Demolition Project:

Dust Control Method Required by Air Management Regulation II, Section IX.C:

Proposed Alternative Dust Control Method Requested and the Reason for the Request: (Include additional pages if necessary.)

Signature _____ Date _____ Title _____

| | | |
|-----------------|---------------|-------------|
| Application No. | Date Received | Reviewed by |
|-----------------|---------------|-------------|

Air Management Services approves the alternative dust control method described in this form, as allowed under Air Management Regulation II, Section IX.E. This approval is only good for the project listed on this form.

Air Management Services conditionally approves the alternative dust control method described in this form, as allowed under Air Management Regulation II, Section IX.E. This approval is only good for the project listed on this form and is granted only if the conditions in the associated conditional approval letter are met.

Air Management Services disapproves the alternative dust control method described in this form. The applicant must follow the dust control methods required in Air Management Regulation II, Section IX..

Signature _____ Date _____ Title _____

Instructions

REQUEST FOR ALTERNATIVE DUST CONTROL METHOD FOR DUST CONTROL DURING CONSTRUCTION OR DEMOLITION

1. All demolition and dust control activities must meet the applicable work practice standards of Air Management Regulation II, Section IX.C.-D. (http://www.phila.gov/health/pdfs/AMSRregulationI_II_IIICombined_20160811.pdf, see page 28) unless an alternative method is approved in advance by Air Management Services. You must submit a copy of this form for each alternative method requested.
2. Your submittal must include the reasons for not using the method prescribed by AMR II, Section IX.C.-D. and a description of the proposed alternative method.
3. All information in the form 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.
4. All submissions and correspondence should be directed to:
Source Registration
Air Management Services
321 University Avenue
Philadelphia, PA 19104-4543.
Phone 215-685-7572
5. 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.