



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

**INSTALLATION PERMIT APPLICATION FOR BOILERS, WARM AIR FURNACES, AND HOT WATER HEATERS**

Facility Name:	Location of Source(Street Address & Zip Code):		Telephone:
Facility Contact:	Mailing Address (Street Address & Zip Code):	E-Mail:	Telephone:
Property Owner:	Mailing Address (Street Address & Zip Code):		Tax ID No.
Permit or Installer Contact	Mailing Address	E-Mail:	Telephone:
Is this a reconstruction, conversion, alteration, or replacement of an existing installation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Unit (ex. Basement)	Chimney or Stack <input type="checkbox"/> New <input type="checkbox"/> Alter Existing <input type="checkbox"/> Existing	Plant ID (if known)
Equipment Description <input type="checkbox"/> Boiler <input type="checkbox"/> Warm Air Furnace <input type="checkbox"/> Hot Water Heater	Manufacturer:	Model:	Serial Number:
Rated Heat Input: _____ (MMBTU/Hr)	Fuel Type: <input type="checkbox"/> Natural Gas <input type="checkbox"/> No. 2 Oil <input type="checkbox"/> Other_____	Estimated Completion Date:	
Flue Gas Recirculation: <input type="checkbox"/> Forced FGR <input type="checkbox"/> Induced FGR <input type="checkbox"/> None	Air Pollution Control Device: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, type of Air Pollution Control Device _____ (ex. cyclone or baghouse)		
Firing condition: <input type="checkbox"/> Indirect Fired <input type="checkbox"/> Direct Fired	Attach a copy of the manufacturer's specification sheet or other descriptive information for the Air Pollution Control Device.		

Name or Description of Unit (ex. Boiler No. 1 or Warehouse Boiler)

Please attach a manufacturer's specification sheet if available.

**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 \_\_\_\_\_

**DO NOT FILL IN – FOR OFFICE USE ONLY**

Application No.	Plant ID	Health District	Census Tract	Fee	Date Received
Approved by	Date	Conformance by		Date	

# **Instructions**

## **INSTALLATION PERMIT APPLICATION FOR BOILERS, WARM AIR FURNACES, AND HOT WATER HEATERS**

1. Complete the form for each item as appropriate. Attach separate sheet(s) as necessary.
2. Air Management Services issues this permit for the construction and temporary operation of equipment listed in the application until Air Management Services performs a conformance check and issues an air pollution license or include the unit in an operating permit.
3. You may only use this permit for boilers, warm air furnaces, and hot water heaters rated 2.5 MMBTU/hr or less, or units rated less than 10 MMBTU/hr that can only burn natural gas or fuel oil rated No. 2 or lighter.
4. You may include multiple identical units on one application if they have a heat input rating below 1 million BTU/hr (1 MMBTU/hr). Otherwise, you may only include one unit on each application.
5. Boilers, warm air furnaces, and hot water heaters with a net load rating of 250,000 BTU/hr or less are exempt from installation permit and air pollution license requirements.
5. Complete the application form and submit it along with the application fee payable to the "City of Philadelphia." The fee is \$420.
6. All information in the application is available to the public. If you wish to keep some information confidential, please clearly mark the confidential information and submit a separate explaining why this information is confidential. AMS will review the confidential request and advise you as appropriate. If you are claiming confidential information, you should submit a separate public version of the application with any confidential information redacted.
7. Direct all submissions and correspondence to:  
Source Registration  
Air Management Services  
321 University Avenue  
Philadelphia, PA 19104-4543.  
Phone 215-685-7572
8. Term

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.