



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 AIR CLEANING DEVICES

(Prepare all information completely in print or type in duplicate)

Location of Source (Street Address)		Facility Name			Tax ID No.	
Owner		Mailing Address		Email:	Telephone	
Contact Person		Mailing Address		Email:	Telephone	
Is this a reconstruction, conversion, alteration, or replacement of an existing installation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where Unit is to be Installed <input type="checkbox"/> Roof <input type="checkbox"/> Outside <input type="checkbox"/> Inside ____Floor			Building Height (ft)	Completion Date
Description of apparatus to be installed (Attach plans and specifications)				Make & Model		Catalog Number
Description of process or area vented to control equipment (Include Plans or Permit Number)					Process Rate Lbs./Hr.	
EMISSION DATA	Type of pollutant		Particle size distribution (microns) <input type="checkbox"/> Less than 5 <input type="checkbox"/> 5-100 <input type="checkbox"/> Greater than 100		Vol. of effluent (SCFM)	Temperature (°F) Initial Final
	Inlet concentration (Weight per unit volume)			Outlet concentration (Weight per unit Volume)		
FUME INCINERATOR	<input type="checkbox"/> Direct flame <input type="checkbox"/> Catalytic	BTU Input BTU/Hr.	Type of fuel .	Combustion zone temperature °F	Residence time Sec.	
CYCLONIC SEPARATORS	<input type="checkbox"/> Cyclone <input type="checkbox"/> Multi cyclone	Inlet area ft ²	Body diameter In.	Body height In.	Wet wall liquid rate GPM	Fan <input type="checkbox"/> Inlet <input type="checkbox"/> Outlet
FABRIC FILTER	No. of bags	Type fabric	Total cloth area ft ²	Total gas volume	Max. temperature °F	Type of cleaning
SCRUBBERS	Scrubber Type	Material of construction		Liquid rate GPM	Liquid composition	Type of packing Pressure drop
ADSORBERS	Adsorber Type	No. Filter beds	Capacity of bed Lbs.	Expected bed life	Max. operating temperature °F	Regenerating cycle (on/off) Hrs.
OTHER	Type of control	List all pertinent operating parameters				
HOOD AND DUCTWORK	Hood Dimensions	Duct work to control equipment CSA Length No. and Type Bends			Duct work to vent CSA Length No. and Type Bends	
FAN or DRAFT	<input type="checkbox"/> Mechanical <input type="checkbox"/> Natural	Make	Model		Capacity ____ CFM @ ____ °F & ____ S.P	
VENT	Dimensions	Height above ground (ft)	Nearest bldg. higher than vent (ft) Height Distance		Other equipment on vent	
List all monitoring devices and auxiliary equipment- Heat exchangers, gas conditioning devices, Etc.						
Attach any additional information to demonstrate compliance with the applicable air regulations. <i>(Itemize)</i>						
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 _____						
Application No.	Plant ID	Health District	Census Tract	Fee	Date received	
Approved by		Date	Conformance by			Date

Instructions

INSTALLATION PERMIT APPLICATION FOR AIR CLEANING DEVICES

1. This permit is applicable to installation of air cleaning device (often called a control device) for a minor emission source. A minor emission source is a source exempt from a plan approval under 25 Pa Code 127.14 or is located in a facility that has potential annual emissions of less than:

8 tons of Volatile Organic Compound (VOC) or Sulfur Oxide (SO_x);
20 tons of Carbon monoxide (CO);
10 tons of Nitrogen oxide (NO_x);
3 tons of particulate;
1 ton of a single Hazardous Air Pollutants (HAP); or
2.5 tons of combined HAP

2. This permit is issued for the construction and temporary operation of the equipment until Air Management Services performs a conformance check and issues an air pollution license or operating permit.
3. Complete the application form and submit in duplicate along with the application fee payable to the "City of Philadelphia". The fee is \$645.
4. 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.
5. All submissions and correspondence should be directed to:

Source Registration
Air Management Services
321 University Avenue
Philadelphia PA 19104-4543.
Phone 215- 685-7572

6. Terms

- BTU British Thermal Unit
- CFM Cubic feet per minute
- CSA Cross section area
- ft Feet
- ° F Degree Fahrenheit
- GPM gallons per minute
- In Inches
- Lbs Pounds
- sec. Second
- SCFM Standard cubic feet per minute
- SP Static pressure
- 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.