



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 FUMIGATION PROCESSES

Facility Name:	Location of Source (Street Address & Zip Code):	Plant ID: (if known)	
Fumigator:	Mailing Address (Street Address, City & Zip Code):	E-Mail:	Tax ID No.
Product Owner:	Mailing Address (Street Address, City & Zip Code):	Tax ID No.	
Permit Contact	Mailing Address (Street Address, City & Zip Code):	E-Mail:	Telephone:
Is this a reconstruction, conversion, alteration, or replacement of an existing installation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Project, including product(s) to be fumigated:	Estimated Completion Date:	

Fumigation Chemicals (check if used):	Control Device												
<input type="checkbox"/> Methyl Bromide <input type="checkbox"/> Phosphine <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what kind? Attach additional information if necessary.												
<table border="0"> <tr> <td></td> <td>Max. Usage lbs/hr</td> <td>Max. Usage tons/yr</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		Max. Usage lbs/hr	Max. Usage tons/yr	_____	_____	_____	_____	_____	_____	_____	_____	_____	
	Max. Usage lbs/hr	Max. Usage tons/yr											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											

Stack Height (feet above ground level)	Stack Diameter (inches)	Stack Exhaust Rate (feet/sec)	Stack Exhaust Temperature (degrees F)
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Distance to Property Line (feet)	Distance to Nearest Occupied Area (feet)	Description of Nearest Occupied Area
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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 FUMIGATION PROCESSES

1. Complete the application 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 operating permit.
3. You may only use this permit application for fumigation processes with emissions below the following levels:
 - a. Methyl Bromide: 2.7 tons per year.
 - b. Phosphine: 0.0462 pounds per hour and 0.0609 tons per year. AMS may allow the use this permit application on a case-by-case basis if Phosphine emissions exceed the hourly limit but not the annual limit.
 - c. AMS will determine the threshold for other pollutants on a case-by-case basis.

Any fumigation process that cannot meet these emission thresholds requires a plan approval instead of an installation permit. You can find the plan approval application form and instructions at <https://www.phila.gov/documents/apply-to-install-equipment-that-emits-or-controls-air-pollution/>.

4. Complete the application form and submit it along with the application fee payable to the "City of Philadelphia." The fee is \$645.
5. 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.
6. The following fumigation processes are exempt from installation permit requirements:
 - a. They only fumigate with Methyl Bromide or Phosphine.
 - b. Beginning January 1, 2017, their emissions are below the following levels:
 - i. Methyl Bromide: 1.254 pounds per hour and 1.0 tons per year.
 - ii. Phosphine: 0.0462 tons per year.
 - c. The facility keeps record to demonstrate compliance with 6.a and 6.b.
7. Direct all submissions and correspondence to:

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

8. Terms

Plant ID: This is an identification number that AMS assigns to facilities. If you are an existing facility, please list the Plant ID if you know it. If you do not know the Plant ID or are a new facility, leave this blank.

Tax ID No.: This is the Federal Tax ID or Social Security Number. If the applicant has an Employer Identification Number (EIN), you must use this number.

Product Owner: The owner of the product to be fumigated.

Nearest Occupied Area: The nearest area outside of the facility that is typically occupied by the public, such as a residence, business, or park.