



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 PROCESS EQUIPMENT MINOR EMISSION SOURCE**

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

|  |  |   |                          |   |  |
|--|--|---|--------------------------|---|--|
| Location of Source ( Street Address)   |  | Facility Name   |                          | Tax ID No.  |  |
| Owner  |  | Mailing Address   |                          | Email:  |  |
| Contact Person   |  | Mailing Address   |                          | Email:  |  |
| 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<br><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)  |  |   |                          |   |  |
| Manufacturer   |  |   |                          | Catalog number  |  |
| <b>PROCESS DESCRIPTION</b>   | Materials processed (itemize by wt. %)   |   |                          | Capacity (wt. or vol.)  |  |
|  | Process rate<br>lbs./hr  |   |                          | How process is vented<br><input type="checkbox"/> Stack /Vent <input type="checkbox"/> Room <input type="checkbox"/> Air Cleaning Device _____<br>Is Air Cleaning Device Installation Permit Application attached? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|  | Volume of exhaust<br>_____ CFM @ _____ °F                                      |   |                          | Operating cycle<br>_____ hrs./day _____ days/ wk. _____ days/yr.  |  |
| <b>PAINT SPRAYING</b>  | Type ( dry, water-wash, etc..)   |   | Size of enclosure (ft)   |   | Volume of exhaust<br>_____ CFM @ _____ °F    |
|  | Type of paint  | Amount used   | Type of filters          | Size of filters   | No. of filters                               |
| <b>BURNER(S) (if applicable)</b>   | Make   | Fuel type and grade   | Type of firing unit      |   | Firing rate<br>_____/hr.                     |
|  | Flame failure control <input type="checkbox"/> Yes <input type="checkbox"/> No | Type of ignition<br><input type="checkbox"/> Spark <input type="checkbox"/> Pilot <input type="checkbox"/> Manual                           |                          | <input type="checkbox"/> Smoke alarm<br><input type="checkbox"/> Smoke recorder<br><input type="checkbox"/> Top of chimney visible to operator  |  |
| <b>EXHAUST SYSTEM</b>  | Vent   | Dimensions  | Height above ground (ft) | Nearest bldg. higher than vent(ft)<br>Height Distance   |  |
|  | Fan or Draft   | <input type="checkbox"/> Mechanical<br><input type="checkbox"/> Natural   | Make                     | Model   | Capacity<br>_____ CFM @ _____ °F & _____ S.P |
| <b>MONITORING</b> List all process monitoring devices  |  |   |                          |   |  |

Attach all calculations and any additional information to demonstrate compliance with the applicable air regulations.

**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

## PROCESS EQUIPMENT INSTALLATION PERMIT APPLICATION FOR MINOR EMISSION SOURCE

1. This permit is applicable to the installation of process equipment for a minor emission source. Minor emission source is the source being exempted from the 25 Pa Code 127.14 or is located in a facility that has the annual emission restriction of less than:  
  
8 tons of Volatile Organic Compound (VOC) or Sulfur oxide (SO<sub>x</sub>);  
20 tons of Carbon monoxide (CO);  
10 tons of Nitrogen oxide (NO<sub>x</sub>);  
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 listed in the application until Air Management Services performs conformance test and issues the air pollution License.
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 place the stamped confidential information separately along with the requested letter. AMS will review the confidential request and advise you as appropriate.
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. Term
  - @ At
  - CFM Cubic feet per minute
  - ft Feet
  - ° F Degree Fahrenheit
  - 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.
  - wt. Weight
  - Vol. Volume

**Note: The issuance of an air pollution installation permit by Air Management Services does not relieve the facility from the obligation to obtain any other permits required by the Department of Licenses and Inspections prior to construction and/or operation of the process.**