



CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH
AIR MANAGEMENT SERVICES

Air Management Services
321 University Avenue
Philadelphia PA 19104-4543
Phone: (215) 685-7572
FAX: (215) 685-7593

COMPLEX SOURCE PERMIT APPLICATION (FOR AIR MANAGEMENT REGULATION X)

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

Facility Name	Location of Source (Street Address)	Tax ID No.
Owner Name	Owner Mailing Address	Phone Email
Contact Person	Contact Mailing Address	Phone Email

Is this project new construction? Yes No Is this project an expansion of an existing facility? Yes No

What is the project completion date? _____

If the Complex Source has a Parking Garage:

What type of parking facility does the project have? Lot Garage How many parking spaces? _____

Will it be underground? enclosed? (check if applicable)

Will it have a mechanical ventilation system? Yes* No

* if Yes, Air Management Regulation XII is also applicable and you must submit an Installation Permit Application for Mechanical Ventilation Systems

Brief description of the Complex Source. Additional details should be provided in the Air Quality Impact Statement including nature, design, emission estimates, construction and operation.

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
Approved by	Date	Conformance by	Date	

Instructions

COMPLEX SOURCE PERMIT APPLICATION AND INSTRUCTIONS (FOR AIR MANAGEMENT REGULATION X)

1. Note: All information in the application is available to the public. If the applicant wishes to keep some information confidential, it must be stamped confidential and sent separately with a letter specifically requesting it be kept confidential and give a legal basis for doing so. AMS will review the confidential request and advise as appropriate.
2. The Complex Source Permit Application must include the following:
 - a. Complex Source Application Form (signed, two copies)
 - b. Traffic Impact Study (TIS) (one electronic (pdf) copy)
 - c. Air Quality Impact Statement (AQIS) (one electronic (pdf) copy)
 - d. \$645 application fee, payable to the “City of Philadelphia”

Submit these to:

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

3. If the Complex Source will have a parking garage that is underground or enclosed, the parking garage is also applicable to AMR XII and must have a mechanical ventilation system. An Installation Permit Application for Mechanical Ventilation Systems for Enclosed Parking Garages must be submitted in addition to the Complex Source Permit Application Form. Please see the following for more information on this regulation:
 - a. Air Management Regulation XII and the Guidelines for Preparation and Review can be found at <https://www.phila.gov/documents/air-management-guidelines-and-regulations/>
 - b. The Complex Source Permit Application can be found in the Guidelines for Preparation and Review or at <https://www.phila.gov/documents/apply-to-install-equipment-that-emits-or-controls-air-pollution/>
4. Definition of Terms:
 - a. 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.

Note: The issuance of a Complex Source Approval by AMS does not relieve the Applicant from the obligation to obtain any other permits required by the City or other Agencies prior to construction and/or operation of the source.