

Instructions

GENERAL PLAN APPROVAL/OPERATING PERMIT APPLICATION for Small Gas and No. 2 oil Fired Combustion Units

1. Any combustion unit proposing to operate under the general plan approval and operating permit, must comply with the terms and conditions specified therein. Failure to conform with the applicable laws, rules and regulations and terms and conditions of this permit, for any reason, is grounds for the revocation or suspension of the permittee's approval to operate under this permit.
2. This permit cannot be used to cover the installation of a combustion unit where the emission increases from the installation of the new combustion unit and other emission increases that have occurred would subject the facility to prevention of significant deterioration (25 Pa. Code Chapter 127 Subchapter D) or New Source Review (25 Pa. Code Chapter 127 Subchapter E) requirements. Guidance in this regard may be obtained by contacting the Philadelphia Air Management Services.
3. This permit is applicable to combustion units less than 100 MM BTU per hour but greater than or equal to 10 MMBTU/hr and can combust natural gas or No. 2 oil.
4. The application fee is \$1600. An application for renewal with a renewal fee of \$750 is to be submitted 30 days prior to expiration of the permit.
5. Complete the application form and submit.
6. Complete an Air Pollution Control Act Compliance History Form.
7. Pay the \$1600 application fee by means of one check made payable to the "City of Philadelphia" or pay by credit card or eCheck online.
8. 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.
9. Direct all mail submissions and correspondence to:

Source Registration
Air Management Services
City of Philadelphia
321 University Avenue
Philadelphia PA 19104-4543

Online Submission

You have the option of applying online at www2.citizenserve.com/Philadelphia. You will be asked to log in or create a user profile.

10. Terms
 - @ At
 - BTU British Thermal Unit
 - 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.



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

**APPLICATION FOR GENERAL PLAN APPROVAL AND GENERAL OPERATING PERMIT
 FOR SMALL GAS AND NO. 2 OIL FIRED COMBUSTION UNITS**

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

Location of Unit:	Type & use of building:	Building dimension (ft):	
Owner of Combustion Unit:	Address:	Tax ID No.:	
		Telephone No: Email:	
Installer or Contractor:	Address:	Telephone No: Email:	
Permit Contact:	Address:	Telephone No: Email:	
Combustion Unit Manufacturer:	Model No:	Rated heat input (BTU/hr):	
		Installation date:	
Control Devices Low NO _x Burner: <input type="checkbox"/> Yes <input type="checkbox"/> No Ultra Low NO _x Burner: <input type="checkbox"/> Yes <input type="checkbox"/> No Flue Gas Recirculation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Construction: Date of Manufacture: Burner Installation date: Fuel usage meter: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fue Type: <input type="checkbox"/> Natural Gas <input type="checkbox"/> No. 2 Fuel Oil <input type="checkbox"/> Both	This is a: <input type="checkbox"/> New Installation <input type="checkbox"/> Modification <input type="checkbox"/> Other _____
		If dual-fuel fired, will this boiler be operated as a gas-fired boiler? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Stack dimension (ft): Diameter _____ High above ground _____	Height and distance of nearest building higher than vent (ft): Height _____ Distance _____	Fan: <input type="checkbox"/> Yes <input type="checkbox"/> No CFM _____ @ _____/ F and _____SP	

Affidavit

I certify that, subjected to 18 PA.C.S.A. Section 4904 and 35 P.S. Section 4009(b) that I am the official having primary responsibility for the design and operation of the facilities to which this application applies and the information provided in this application is true to the best of my knowledge, information and belief formed after reasonable inquiry. I further certify that the facility will be operated in conformity with all limitations and conditions of the small combustion units general permit.

Signature _____ Date _____ Address _____

Name & Title _____ Phone _____ Fax _____

THIS SECTION FOR OFFICIAL USE ONLY

Application No:	Plant ID:	Health District	Census Tract:	Fee:	Date received:
Approved by:	Date:	Found to be conformance by:			Date:
Remarks:					