



CITY OF PHILADELPHIA
 DEPARTMENT OF PUBLIC HEALTH
 PUBLIC HEALTH SERVICES
 AIR MANAGEMENT SERVICES

Air Management Services
 7801 Essington Avenue
 Philadelphia PA 19153-3240
 Phone: (215) 685-7572
 FAX: (215) 685-7593

NATURAL MINOR OPERATING PERMIT APPLICATION

Section 1: General Information

1.1 Application Type

Type of permit for which application is made:

- Initial Modification
 Renewal Other: _____

FOR OFFICIAL USE ONLY
City OP #: _____
Reviewed By: _____
Date: _____
Comments: _____

1.2 Plant Information

- a) Tax ID/EIN: _____ b) Firm Name: _____
 c) Plant ID: _____ d) Plant Name: _____
 e) Plant Address: _____
 f) Permit Contact: _____ g) Telephone Number: _____
 h) SIC Code: _____ i) Description of SIC Code: _____

1.3 Mailing Information

Name: _____ Title: _____
 Address: _____ Phone: _____
 Email: _____

1.4 Certification of Truth, Accuracy and Completeness

This certification must be signed by a responsible official. Applications without a signed certification will be returned as incomplete.

Subject to the penalties of Title 18 Pa. C.S. Section 4904 and 35 P.S. Section 4009 (b) (2), I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this application are true, accurate, and complete.		
(Signed) _____	Date _____/_____/_____	
Name (Typed) _____	Title: _____	

Section 2: Site Inventory

2.1 Site Inventory

Give a complete listing of **all** air pollution sources, control equipment, and emission points (stacks or vents) within this site. Duplicate this page as necessary.

Permit #	Company Designation	Unit Description	Maximum Process Rate	Installation Date

Attach process flow diagrams for all air pollution sources at the site, including all stacks, vents, and control devices. These may be very basic diagrams and do not need to be to scale. Detailed engineering drawings are **not** necessary.

2.2 Process Information

For air pollution sources that do not have installation permits, complete the following information. Duplicate this page as necessary.

- a) Company Designation: _____
- b) Manufacturer: _____ c) Model Number: _____
- d) Standard Operation: _____ hours/day _____ days/week _____ weeks/year
- e) Is there a control device?: Yes No
- f) If "Yes" then:
- Type of Control Device: _____
- Pollutant Controlled: _____
- Estimated Control Efficiency: _____ %

Stack/Vent Info:

- a) Is Discharge Vertical?: Yes No
- b) Stack/Vent Geometry: Circular Rectangular
- c) Dimensions: Diameter or Length and Width: _____
- d) Exhaust Temperature: _____ e) Exhaust Volume: _____ ACFM
- f) Height above Street Level: _____ g) Est. Distance to Nearest Property Line (Ft): _____
- h) Weather Cap?: Yes No