



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

AIR CLEANING DEVICE INSTALLATION PERMIT APPLICATION FOR MINOR EMISSION SOURCE
(Prepare all information completely in print or type in duplicate)

SECTION I: FACILITY AND CONTACT INFORMATION

Facility Name	Location of Source (Street Address & Zip Code)		Tax ID No.
Owner	Mailing Address (Street Address & Zip Code)	Email	Telephone
Facility Contact	Mailing Address (Street Address & Zip Code)	Email	Telephone
Permit or Installer Contact:	Mailing Address (Street Address & Zip Code)	Email	Telephone
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 <input type="checkbox"/> Roof <input type="checkbox"/> Outside <input type="checkbox"/> Inside ___ Floor	Building Height (ft)	Completion Date

SECTION II: PROJECT INFORMATION

Description of apparatus to be installed (Attach plans and specifications)		Make & Model	Catalog Number
Description of process or area vented to control equipment (Include Plans or Permit Number)		Process Rate Lbs./Hr.	
EMISSION DATA	Type of pollutant	Particle size distribution (microns) <input type="checkbox"/> Less than 5 <input type="checkbox"/> 5-100 <input type="checkbox"/> Greater than 100	Vol. of effluent (SCFM) Temperature (°F) Initial Final
	Inlet concentration (Weight per unit volume)		Outlet concentration (Weight per unit Volume)

SECTION III: AIR CLEANING DEVICE INFORMATION

FUME INCINERATOR	<input type="checkbox"/> Direct flame <input type="checkbox"/> Catalytic	BTU Input BTU/Hr.	Type of fuel	Combustion zone temperature °F	Residence time Sec.	
CYCLONIC SEPARATORS	<input type="checkbox"/> Cyclone <input type="checkbox"/> Multi cyclone	Inlet area ft ²	Body diameter In.	Body height In.	Wet wall liquid rate GPM	Fan <input type="checkbox"/> Inlet <input type="checkbox"/> Outlet
FABRIC FILTER	No. of bags	Type fabric	Total cloth area ft ²	Total gas volume	Max. temperature °F	Type of cleaning
SCRUBBERS	Scrubber Type	Material of construction		Liquid rate GPM	Liquid composition	Type of packing Pressure drop
ADSORBERS	Adsorber Type	No. Filter beds	Capacity of bed Lbs.	Expected bed life	Max. operating temperature °F	Regenerating cycle (on/off) Hrs.
OTHER	Type of control	List all pertinent operating parameters				
HOOD AND DUCTWORK	Hood Dimensions	Duct work to control equipment CSA Length No. and Type Bends		Duct work to vent CSA Length No. and Type Bends		

SECTION IV: STACK INFORMATION

FAN OR DRAFT	<input type="checkbox"/> Mechanical <input type="checkbox"/> Natural	Make	Model	Capacity CFM @ °F & S.P
VENT	Dimensions	Height above ground ft	Nearest Bldg. higher than vent (in ft) Height Distance	Other equipment on vent
STACK	Stack Height Ft	Stack Diameter in	Exhaust Gas Flow Rate scfm	Minimum Exhaust Temperature °F
	Minimum Distance to Property line (ft):		Minimum Distance to Nearest Occupied Property (ft):	

List all monitoring devices and auxiliary equipment- Heat exchangers, gas conditioning devices, Etc.

Attach any additional information to demonstrate compliance with the applicable air regulations. *(Itemize)*

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

Instructions

AIR CLEANING DEVICE INSTALLATION PERMIT APPLICATION FOR MINOR EMISSION SOURCE

1. This permit is applicable to installation of air cleaning device (often called a control device) for 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_x);
20 tons of Carbon monoxide (CO);
10 tons of Nitrogen oxide (NO_x);
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 until Air Management Services performs conformance tests 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. Please note that for installation permits to be issued, all installations will need to be exempt from the risk assessment requirements of Air Management Regulation (AMR) VI or will need to pass risk per AMR VI. The risk assessment threshold limits for various HAPs are listed in the Technical Guidance Document. The facility may propose operation limits (such as taking a 100 hour limit per year for an engine).to be exempt from the risk assessment requirements More information about AMR VI, technical guidance document, and the Air Toxic Screening Worksheet can be found at:

Amendment to AMR VI

https://www.phila.gov/media/20240116100611/AMR_VI_CONTROL_OF_EMISSIONS_OF_TOXIC_AIR_CONTAMINANTS_2023amendments.pdf

Technical Guidance Document:

https://www.phila.gov/media/20240116100609/ExhibitA_to_AMR_VI_TechnicalGuidelines_Sept2023.pdf

Air Toxic Screening Worksheet:

https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.phila.gov%2Fmedia%2F20241213143616%2FExhibitC_to_AMR_VI_RiskScreeningWorkbook_Sept2023-3.xlsx&wdOrigin=BROWSELINK

The Air Toxic Screening Worksheet can be used for sources that have stacks or emission points at least 15 feet tall.

6. All submissions and correspondence should be directed to:

Source Registration
Air Management Services
7801 Essington Avenue
Philadelphia PA 19153-3240
Phone: (215) 685-7572
E-mail DPHAMS_Service_Requests@Phila.Gov

Applications may also be submitted online at www.citizenserve.com/philadelphia.

Directions of online submittal can be found at the following:

<https://www.phila.gov/media/20241209141627/ConstructionPermitAppInWebPortal-December-2024-Corrected-ZipCode.pdf>

7. Terms

- BTU British Thermal Unit
- CFM Cubic feet per minute
- CSA Cross section area
- °F Fahrenheit
- ft Feet
- GPM Gallons per minute
- In Inches
- Lbs. Pounds
- Pa Pascal
- sec. Second
- SCFM Standard cubic feet per minute
- 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.