



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

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: _____ 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: _____

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: _____

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