APC - 5PA
(Rev. 1/76)

DEPT. OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR, NOISE & HAZARDOUS MATERIALS
59-17 JUNCTION BLVD., CORONA, QNS., N.Y. 11368

AIR PERMITTING
PROCESS EXHAUST OR VENTILATION SYSTEM
APPLICATION FOR CERTIFICATE OF OPERATION

LOCATION | FACILITY | EQUIPMENT
1

BLOCK | LOT | ZONING
(By Applicant)

PLEASE PRINT OR TYPE

SECTION A

1. COMPANY NAME:

2. NUMBER AND STREET ADDRESS

3. TOWN OR BORO | 4 STATE | 5 ZIP

6 OWNER CLASSIFICATION
A ☐ COMMERCIAL C ☐ UTILITY F ☐ MUNICIPAL I ☐ RESIDENTIAL
B ☐ INDUSTRIAL D ☐ FEDERAL G ☐ EDUC INST. J ☐ OTHER
E ☐ STATE H ☐ HOSPITAL

7. OWNER OR OFFICER'S NAME | TITLE

8. OWNER OR OFFICER'S SIGNATURE | 9. TELEPHONE

"I hereby affirm under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief, and that the equipment and/or apparatus concerned will be installed, altered and operated in accordance with the requirements of the NYC Air Pollution Control Code. I hereby authorize the P.E. named herein to file this application on my behalf. I hereby acknowledge that false statements are punishable as a Class A misdemeanor pursuant to Section 1408.2-15.25 of the NYC Air Pollution Control Code and Section 210.45 of the Penal Law."

10. NAME OF P.E. | 11. TELEPHONE

12. NUMBER AND STREET ADDRESS

13. TOWN OR BORO | 14. STATE | 15. ZIP

16. application includes:
A. ☐ NEW EQUIP'T C. ☐ EXISTING EQUIP'T ONLY
B. ☐ MODIFICATION

I hereby certify to the best of my knowledge and belief to the accuracy of the technical information contained in this application, plans and any supplementary data submitted.

PLACE SEAL ABOVE

17. NYS P.E. Lic. NO. | 18. SIGNATURE OF PROFESSIONAL ENGINEER

WORK PERMIT WILL NOT BE ISSUED UNLESS:
(a) INSTALLER IS NAMED AND
(b) WORKMEN'S COMP. & DISABILITY ARE ON FILE WITH DAR

FINAL APPROVAL OF THE INSTALLATION IN THE FORM OF A CERTIFICATE OF OPERATION WILL NOT BE ISSUED UNTIL COMPLIANCE WITH ALL APPLICABLE PROVISIONS OF LAW, RULE AND REGULATION OF THE N.Y.C. AIR POLLUTION CONTROL CODE HAS BEEN VERIFIED AT THE INSTALLATION SITE BY A REPRESENTATIVE OF THE DEPARTMENT.

"I hereby certify that upon approval of this application, plans and any supplementary data, I will make the installation of and adjustments to the equipment and/or apparatus described herein."

Installer's Signature _____

Company Name of Installer _____ Installer's Name _____ Title _____

Company Address _____ Town or Boro _____ State _____ Zip _____

19. FACILITY NAME (IF DIFFERENT FROM COMPANY NAME)

20. FACILITY LOCATION (NUMBER AND STREET ADDRESS)

21. BORO | 22. ZIP

23. BLDG. NAME OR NUMBER | 24. FLOOR NAME OR NUMBER

25. DATE APPLICATION RECEIVED / /

26. IDENTIFICATION #

27. DATE APPLICATION REVIEWED / /

28. APPLICATION INCLUDES:
A. ☐ NEW EQUIP'T C. ☐ EXISTING EQUIP'T ONLY
B. ☐ MODIFICATION

ASSIGN NYC - DAR PREMISES I.D. NO.
AND SOURCE (M, PT, NO, IN SECTION B

FEE: $_____ DATE OF RECEIPT _____ 19____

RECEIPT # _____ CASHIER _____

29. CONDITIONS OF WORK PERMIT:
a) PROPOSED DEVIATION FROM APPROVED APPLICATION MUST BE BY FILING OF AMENDMENT, AND APPROVAL OF SAME.
b) STACK TEST REQUIRED YES ☐ NO ☐
c) APPROVAL OF THIS APPLICATION DOES NOT IN ANY WAY ALTER, AFFECT OR CHANGE THE REQUIREMENT(S) FOR OTHER LICENCES OR PERMITS AS MAY BE REQUIRED BY OTHER GOVERNMENTAL AGENCIES AND DEPARTMENTS.

APPROVED FOR WORK PERMIT ONLY:

by _____
Head, Industrial Processes Division

by _____
Director of Engineering

FOR AGENCY USE ONLY

29 LOCATION CODE	30 FACILITY ID NO	31 U.T.M.(E)	32 U.T.M.(N)	33. SIC NUMBER	WORK PERMIT 37. DATE ISSUED / /	38. DATE EXPIRES / /

C.O. APPROVAL
41. DATE ISSUED / / | 42. EXPIRATION DATE / /

EN No. /Yr. _____ /

Date / / COPY TO NYS - DEC

SECTION B

43. SPRAY BOOTHS: (FURNISH DATA &/OR CHECK APPROPRIATE BOXES)

Mfr.	Model	Frontal opening: Height x Width C. D.	Baffles: Single E.	Baffles: Triple F.	Filters G.	Water wash H.
A.	B.					

Handgun I.	Automatic J.	Air atomizing K.	Airless L.	Electrostatic M.	Coating Mat'l. N.	O. Use Rate Max. ___ Gals./Hr. ___ Hrs./Day	P. Odor Yes _ No _

(CONTINUED ON OTHER SIDE)

SEC B

44. DIP TANKS: Mfr. A.	Model B.	Dimensions: Height x Width x Length C.	Coating Mat'l D.	Use Rate E. Makeup/8 Hrs.	F. Odor Yes _ No _

45. Source Emis. Pt. No.

46. Ground Elevation (Ft.)

47

48 STACK HT (FT)	49 INSIDE DIAM. (IN.)	50 EXIT TEMP (°F)	51 EXIT VELOCITY (FT/SEC)	52 EXIT FLOW RATE (SCFM)	53 DRAFT TYPE	54	55. RECEPTOR DISTANCE (FT) TO PREMISES LOT LINE
					M / O / A		

56. Premises Identification No.

NYC - DAR Agency Use Only

SEC C

57. DESCRIBE PROCESS OR UNIT

58. TOTAL NUMBER OF SIMILAR PROCESSES OR UNITS:

SEC D

CONTROL TYPE	MANUFACTURER'S NAME AND MODEL NUMBER.	FUEL TYPE	FLOW RATE (SCFM)	TEMP (°F)	PRESSURE DROP (IN. H_2O)	HORSE POWER		EFFICIENCY (%)	HOW DET.					
59.	60.	61.	62.	63.	64.	65.	66.	67.	68.	69.	70.	71.	72.	73.
74.	75.	76.	77.	78.	79.	80.	81.	82.	83.	84.	85.	86.	87.	88.
359	360	361	362	363	364	365	366	367	368	369	370	371	372	373

SEC E

CALCULATIONS IN DETERMINING INPUT OR PRODUCTION RATE, EMISSION RATE POTENTIAL AND ACTUAL EMISSIONS:

SECTION F

CONTAMINANT NAME	%	CODE	INPUT OR PRODUCTION	UNITS	E R P (LBS/HR)	HRS/DAY	DAYS/YR	PROPOSED RATING	ACTUAL EMISSIONS	UNITS	ACTUAL EMISSIONS (LBS/HR)	ACTUAL EMIS. PPM
89.	90.	91.	92.	93.	94.	95.	96.	97.	98.	99.	100.	100A
104.	105.	106.	107.	108.	109.	110.	111.	112.	113.	114.	115.	115A
119.	120.	121.	122.	123.	124.	125.	126.	127.	128.	129.	130.	130A
134.	135.	136.	137.	138.	139.	140.	141.	142.	143.	144.	145.	145A
149	150.	151.	152.	153.	154	155.	156.	157.	158.	159.	160.	160A
164.	165.	166.	167.	168.	169.	170.	171.	172.	173.	174.	175.	175A

AGENCY USE ONLY

ENE RATING	ALLOWABLE EMISSIONS	UNITS
101.	102.	103.
116.	117.	118.
131.	132.	133.
146.	147.	148.
161.	162.	163.
176.	177.	178.

SEC G

SOLID FUEL TYPE	LBS/HR	%S	OIL TYPE	GPH	%S	GAS TYPE	CFH	BTU/CF	BTU/HR
179.	180.	181.	182.	183.	184	185.	186.	187.	188.

PROCESS CODE	APPLICABLE CODE (S)
194.	195.

Note: Application and Plans must be submitted in triplicate.

OP | LOCATION | FACILITY | EMISSION POINT

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