



DEPARTMENT OF PUBLIC HEALTH  
POLLUTION PREVENTION UNIT  
333 SOUTH STATE STREET, ROOM 200  
CHICAGO, ILLINOIS 60604

FORM A

CITY OF CHICAGO

APPLICATION DATE \_\_\_\_\_

**AIR POLLUTION CONTROL PERMIT APPLICATION FORM FOR  
REGULATED EQUIPMENT OR AREA (EQUIPMENT SUMMARY)**

**SOURCE INFORMATION**

1) FACILITY NAME:		
2) STREET ADDRESS:		
3) CITY:	4) STATE:	5) ZIP:
7) NATURE OF BUSINESS:		8) SIC:
9) ENVIRONMENTAL CONTACT PERSON:		PHONE #:

**RAW MATERIAL AND PRODUCT SCHEDULE**

LIST OF MATERIALS USED IN PROCESS	ANNUAL CONSUMPTION	LIST OF ALL PRODUCTS	ANNUAL PRODUCTION

**PROCESS EQUIPMENT INFORMATION**

NO. OF UNITS	EQUIPMENT DESCRIPTION	NO. OF UNITS	EQUIPMENT DESCRIPTION	NO. OF UNITS	EQUIPMENT DESCRIPTION	NO. OF UNITS	EQUIPMENT DESCRIPTION

**CONTROL DEVICE INFORMATION**

NO. OF UNITS	EQUIPMENT DESCRIPTION	NO. OF UNITS	EQUIPMENT DESCRIPTION	NO. OF UNITS	EQUIPMENT DESCRIPTION	NO. OF UNITS	EQUIPMENT DESCRIPTION

**GENERAL INFORMATION**

- 1) PROVIDE A SCHEMATIC FLOW DIAGRAM SHOWING ALL APPLICABLE PROCESS AND CONTROL DEVICES.
- 2) PROFESSIONAL BLUE PRINT MAY BE USED IN LIEU OF SCHEMATIC FLOW DIAGRAM.
- 3) COMPLETE FORM B FOR EACH TYPE OF PROCESS EQUIPMENT INVOLVED.
- 4) COMPLETE FORM C FOR EACH TYPE OF CONTROL DEVICE INVOLVED.

**PROCESS FLOW DIAGRAM**

