



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

FORM CB

CITY OF CHICAGO

APPLICATION DATE: _____

AIR POLLUTION CONTROL PERMIT APPLICATION FORM FOR COMPACTOR OR BALER

SOURCE INFORMATION

1) TYPE OF UNIT: COMPACTOR BALER OTHERS (Explain) _____

2) INSTALLATION ADDRESS:

3) CITY:

4) STATE:

5) ZIP:

6) TYPE OF BUILDING NEW EXISTING
 RESIDENTIAL COMMERCIAL INDUSTRIAL

7) INSTALLATION BY:

8) FORM PREPARED BY: _____ (Signature)

OWNER OR OPERATOR INFORMATION

1) NAME: _____ OWNER OPERATOR

2) ADDRESS:

3) CITY:

STATE:

ZIP:

PHONE:

GENERAL INFORMATION

1) DESCRIPTION OF WASTE BALED OR COMPACTED: _____ 2) AMOUNT: _____ LBS/DAY

3) NAME OF PERSON RESPONSIBLE FOR OPERATION: _____ 4) PHONE#: _____

5) EQUIPMENT LOCATION: INSIDE OUTSIDE

6) FREQUENCY OF WASTE REMOVAL: _____ TIMES/DAY _____ TIMES/MONTH

7) CAPACITY OF UNIT (CUBIC FEET) _____ OR DIMENSIONS (FEET) _____ FT x _____ FT x _____ FT

8) MANUFACTURER OF UNIT: _____ MODEL # _____ NUMBER OF UNITS: _____

9) DESCRIPTION OF HOUSEKEEPING PRACTICES USED IN KEEPING UNIT CLEAN: