



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

CITY OF CHICAGO

APPLICATION DATE: _____

AIR POLLUTION CONTROL PERMIT APPLICATION FORM FOR A GENERATOR **FORM EG**

SOURCE INFORMATION

1) TYPE OF GENERATOR: EMERGENCY STANDBY 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:

GENERATOR INFORMATION

1) NAME OF MANUFACTURER:

2) MODEL #:

3) RATED POWER OUTPUT (KW):

4) NUMBER OF UNITS:

5) TYPE OF FUEL:

6) FIRING RATE:

7) ANNUAL CONSUMPTION OF FUEL:

8) HEAT CONTENT:

9) MUFFLER TYPE:

10) SIZE OF MUFFLER EXHAUST:

11) HEIGHT OF MUFFLER EXHAUST: _____ FEET ABOVE ROOF _____ ABOVE GRADE

12) UST/AST TANK PERMIT OBTAINED BY:

PERMIT #

13) ELECTRICAL PERMIT OBTAINED BY:

PERMIT #