



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

CITY OF CHICAGO

DATE _____

AIR POLLUTION CONTROL PERMIT APPLICATION FORM FOR **FORM SB**
 SPRAY BOOTH OR AREA

BUSINESS INFORMATION

1) FACILITY NAME:			
2) STREET ADDRESS:			
3) CITY:	4) STATE:	5) ZIP:	
6) NATURE OF BUSINESS:			7) SIC NO.:
8) APPLICATION COMPLETED BY:			SIGNATURE
9) ENVIRONMENTAL CONTACT PERSON			10) PHONE NUMBER

SPRAY BOOTH OR AREA INFORMATION

BOOTH MANUFACTURER:		MAKE AND MODEL:	
TYPE: <input type="checkbox"/> DOWN DRAFT <input type="checkbox"/> UPDRAFT <input type="checkbox"/> OTHER_____		DIMENSIONS:	NUMBER OF UNITS:
EXHAUST CONTROL/DEVICE: <input type="checkbox"/> WATER WASH <input type="checkbox"/> FILTERS <input type="checkbox"/> OTHER(DESCRIBE) _____			
AUXILIARY EQUIPMENT: <input type="checkbox"/> MAKEUP AIR UNIT <input type="checkbox"/> OTHER IF UNIT IS EQUIPPED WITH A HEATER, PLEASE COMPLETE FURNACE APPLICATION FORM.			
TYPE OF AREA: <input type="checkbox"/> SPRAY AREA <input type="checkbox"/> MIXING AREA <input type="checkbox"/> PREP AREA <input type="checkbox"/> OTHER (DESCRIBE)_____			
NUMBER OF AREAS:	ROOM DIMENSIONS (L x W x H) ____ FT x ____ FT x ____ FT	FLOOR AREA: _____ SQ. FT.	

STACKS, VENTS AND EXHAUST OPENINGS

TYPE OF VENTS:	DIMENSIONS:(L x W) _____ FT x _____ FT
NUMBER OF VENTS:	HEIGHT ABOVE ROOF OR GRADE: _____ FT

FAN DATA		
TYPE OF FAN: <input type="checkbox"/> AXIAL <input type="checkbox"/> CENTRIFUGAL	MAKE AND MODEL OF FAN:	
NUMBER OF FANS:	CFM EXHAUSTED	MOTOR ____ RPM, ____ HP

PAINT AND SOLVENT USAGE				
LIST TYPE OF PAINT SPRAYED	VOC CONTENT (LBS/GAL)	LIST AMOUNT SPRAYED (GALLONS/YEAR)	LIST TYPE OF SOLVENTS USED	LIST AMOUNT USED (GALLONS/YEAR)
TOTAL:			TOTAL	

WASTE INFORMATION	
DESCRIPTION OF WASTE:	AMOUNT COLLECTED: _____ LBS/MONTH.
WASTE HAULER:	

CONVEYOR INFORMATION		
TYPE OF CONVEYOR:	MAKE AND MODEL:	DIMENSIONS:
CAPACITY:	CONNECTED TO:	

OPERATIONAL DATA	
TYPE OF OPERATION: <input type="checkbox"/> BATCH <input type="checkbox"/> CONTINUOUS	NORMAL SCHEDULE (SHIFTS/DAY) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
TYPE OF SPRAY GUN USED: <input type="checkbox"/> HVLP <input type="checkbox"/> LVLP <input type="checkbox"/> OTHER (DESCRIBE) _____	CLEAN UP FREQUENCY:
TYPE OF GUN WASHER USED:	MAKE AND MODEL:

REMARKS: _____
