



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

(BB64-100-72-3035-2509)

CITY OF CHICAGO

DATE _____

**AIR POLLUTION CONTROL PERMIT APPLICATION FORM
FOR A PROCESS EQUIPMENT OR AREA**

FORM B

SOURCE INFORMATION

1) SOURCE NAME:		
2) SOURCE STREET ADDRESS:		
3) CITY:	4) STATE	5) ZIP:
6) TYPE OF RAW MATERIAL USED:		7) TYPE OF PRODUCTS PRODUCED:
8) PRIMARY INDUSTRIAL CLASSIFICATION (SIC) CATEGORY:		9) PRIMARY SIC NO.
10) SOURCE ENVIRONMENTAL CONTACT PERSON:		11) CONTACT'S PHONE NO:

OWNER OR OPERATOR INFORMATION

1) NAME: <input type="checkbox"/> OWNER <input type="checkbox"/> OPERATOR			
2) ADDRESS:			
3) CITY:	4) STATE:	5) ZIP:	6) PHONE:

EQUIPMENT OR AREA INFORMATION

EQUIPMENT DATA	TITLE OF EQUIPMENT:	MAKE AND MODEL:	DIMENSIONS:
		NUMBER OF UNITS:	AUXILIARY EQUIPMENT:
AREA DATA	TYPE OF AREA:	FLOOR DIMENSIONS:	FLOOR AREA:
		NUMBER OF AREAS:	EQUIPMENT IN AREA:

GENERAL INFORMATION

1) DESCRIPTION OF PROCESS:
2) DESCRIPTION OF PRODUCT OR ACTIVITY ACCOMPLISHED:
3) DESCRIPTION OF CONTROL EQUIPMENT CONTROLLING THIS UNIT:

OPERATING INFORMATION

MODE OF OPERATION <input type="checkbox"/> Manual <input type="checkbox"/> Auto	OPERATING SCHEDULE _____ Shifts/day _____ Hours/day	TYPE OF OPERATION <input type="checkbox"/> Batch <input type="checkbox"/> Continuous	SOLVENT USAGE: _____ GAL/YR..
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MATERIAL USAGE INFORMATION

RAW MATERIALS	LBS/HR	TONS/YEAR
PRODUCTS	IBS/HR	TONS/YEAR

WASTE INFORMATION

TYPE OF POLLUTANTS	TONS/YR..	TYPE OF POLLUTANTS	TONS/YR..

FUEL USAGE DATA

MAXIMUM FIRING RATE (MBH)	TYPICAL FIRING RATE (MBH)
<input type="checkbox"/> NATURAL GAS	<input type="checkbox"/> OTHERS
ANNUAL FUEL USAGE:(SCF/YR, GAL/YR., TON/YR..)	TYPICAL SULFUR CONTENT OF FUEL% BY WT., NA FOR NATURAL GAS):
TYPICAL HEAT CONTENT OF FUEL (BTU/LB, BTU/GAL OR BTU/SCF).	TYPICAL ASH CONTENT(% BY WT., NA FOR NATURAL GAS):

STACKS, VENTS AND EXHAUST INFORMATION

TYPE OF VENT:	DIMENSIONS(Lx W):	HEIGHT ABOVE ROOF OR GRADE:
NUMBER OF VENTS:	CFM EXHAUSTED: TEMP.:	CONNECTED TO: