



PERCHLOROETHYLENE DRY CLEANER

AIR PERMIT APPLICATION FORM

Instructions

All information spaces must be completed in full and mailed along with the appropriate fee to the letterhead address specified on the top right hand corner. Call the Air Facilities Section at 305-372-6925 if there are any questions.

Authorized Representative

<p>Name and Title of Authorized Representative:</p> <p>Name: _____ Title: _____</p> <p>Telephone: _____ Fax: () _____</p>
<p>Authorized Representative Mailing Address:</p> <p>Organization/Firm: _____</p> <p>Street Address: _____</p> <p>City: _____ County: _____ Zip Code: _____</p>
<p>Facility Information:</p> <p>Facility Name: _____</p> <p>Street Address: _____</p> <p>City: _____ Zip Code: _____</p>

Owner/Authorized Representative Statement:

I, the undersigned, am the owner or authorized representative addressed in this Air Permit Application. I hereby certify that the statements made in this application are true, accurate and complete. Further, I agree to operate and maintain the facility so as to comply with all applicable standards for control of air pollutant emissions found in Chapter 24, Environmental Protection, of the Code of Miami-Dade County, Florida, and the statutes of the State of Florida and rules of the Department of Environmental Protection. I understand that a permit if granted by the DERM cannot be transferred without authorization from the DERM and I will promptly notify the DERM upon sale or legal transfer.

Signature

Date

Dry Cleaning Machine Information:

How many Dry Cleaning Machines do you have on Site: _____ Dry to Dry and _____ Transfer Machines

For each Dry Cleaning Machine, provide the following information:

Date Initially Purchased	Control Device Refrigerated Condenser Y or N	Control Device Carbon Adsorber Y or N	Machine Type Dry to Dry or Transfer Machine	Dry Cleaning Machine Manufacturer	Dry Cleaning Machine Model #

Perchloroethylene Records:

How much Perchloroethylene (Perc) have you used within the last 12 months?

[_____] gallons (You must fill this in)

If less than 12 months, how many? [_____] months

Check why it is less than 12 months: New owner: [_____] Did not keep records: [_____]

New store: [_____] New machine [_____]

Unopened store [_____] (date of expected opening _____)

Boilers:

How many boilers do you have on-site? [_____]

For each boiler, indicate its horsepower (HP) rating: [_____] [_____] [_____]

What type of fuel do you use? [_____] propane [_____] natural gas

[_____] No. 2 fuel oil [_____] No. 4 fuel oil

[_____] No. 6 fuel oil [_____] Other (please list) _____