



**THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION**

IND-PRO-EQUIP_NOV2014

Bureau of Environmental Compliance
59-17 Junction Boulevard, 9th Floor, Flushing, New York 11373
Records Control (718) 595-3855

INDUSTRIAL PROCESS EQUIPMENT APPLICATION

PART I: FACILITY INFORMATION

PREMISE INFORMATION

(Location where the process is to take place)

Facility Name (if any):						Facility: <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	
Facility Location (Number and Street Address):		Borough:	State:	Block:	Lot:	Zip:	Building Section / Number:
Equipment Location:	Is this equipment a replacement for equipment presently certified? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, provide the installation number of the equipment it is replacing: PA / PB: _____				Is this a legalized source? <input type="checkbox"/> YES <input type="checkbox"/> NO	

OWNER INFORMATION

Owner's Name:				Facility Classification:			
Number and Street Address:		Town / Borough:	State:	Zip:	A. COMMERCIAL		B. INDUSTRIAL
Owner Email:		Telephone:	Fax:	C. UTILITY		D. SCHOOL	
				E. PRIVATE HOSPITAL		F. RESIDENTIAL	
				G. NYCHA		H. DEPARTMENT OF EDUCATION	
				I. NYC HOSPITAL		J. OTHER: _____	

P.E. AND INSTALLER INFORMATION

Name of P.E. or R.A.:	N.Y.S. License Number:	P.E. Email:		Telephone:	Fax:
Company Name:	Number and Street Address:			Town or Borough:	State: Zip:
Name of Installer:	NYC Installer License #:	Installer Email:		Telephone:	Fax:
Company Name:	Number and Street Address:			Town or Borough:	State: Zip:

FEE EXEMPTION

(If applying for fee exemption, attach Department of Finance document along with this form.)

Is this a tax exempt property? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is government owned property? <input type="checkbox"/> YES <input type="checkbox"/> NO	Agency Name:
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SUPPLEMENTAL INFORMATION

What type of business is being conducted at this equipment location?

<input type="checkbox"/> DRY CLEANING	<input type="checkbox"/> AUTOBODY	<input type="checkbox"/> WOODWORKING	<input type="checkbox"/> CEMENT PROCESSING
<input type="checkbox"/> ENGINE / GENERATOR	<input type="checkbox"/> JEWELRY MANUFACTURING	<input type="checkbox"/> METAL STRIPPING / POLISHING	<input type="checkbox"/> ELECTROPLATING
<input type="checkbox"/> COFFEE ROASTING	<input type="checkbox"/> CO-GENERATOR	<input type="checkbox"/> PRINTING PRESS	<input type="checkbox"/> MEAT PROCESSING
<input type="checkbox"/> LAB HOOD	<input type="checkbox"/> WWTP ODOR CONTROL	<input type="checkbox"/> OTHER: _____	

What emission sources are present at this facility?

Building Type: STAND ALONE (NO OTHER OCCUPANTS)
 MIXED USE (OTHER OCCUPANTS)

If mixed-use, check all boxes that describe the other types of tenants:

<input type="checkbox"/> RESIDENCES	<input type="checkbox"/> RETAIL STORE	<input type="checkbox"/> RESTAURANT / FOOD SERVICE	<input type="checkbox"/> MEDICAL OFFICE
<input type="checkbox"/> COIN LAUNDROMAT	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> DAY CARE OR PRE-SCHOOL	<input type="checkbox"/> SENIOR CENTER
<input type="checkbox"/> EXERCISE / GYM / DANCE STUDIO	<input type="checkbox"/> OTHER BUSINESS: _____		

PART IV: OTHER INDUSTRIAL PROCESS

Provide the following information for any other type of industrial process or operation

EQUIPMENT INFORMATION

Material Being Processed:		Maximum Hourly Processing Rate:	Annual Amount of Material Processed:	
Description of the Equipment:		Manufacturer:		Number of Units:
		Model Number:		
Is there a control unit specific to this equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the control unit venting directly into the room? <input type="checkbox"/> YES <input type="checkbox"/> NO	If applicable, list the type of control unit(s) used:		
Description of the Equipment:		Manufacturer:		Number of Units:
		Model Number:		
Is there a control unit specific to this equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the control unit venting directly into the room? <input type="checkbox"/> YES <input type="checkbox"/> NO	If applicable, list the type of control unit(s) used:		
Description of the Equipment:		Manufacturer:		Number of Units:
		Model Number:		
Is there a control unit specific to this equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the control unit venting directly into the room? <input type="checkbox"/> YES <input type="checkbox"/> NO	If applicable, list the type of control unit(s) used:		
Description of the Equipment:		Manufacturer:		Number of Units:
		Model Number:		
Is there a control unit specific to this equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the control unit venting directly into the room? <input type="checkbox"/> YES <input type="checkbox"/> NO	If applicable, list the type of control unit(s) used:		
Description of the Equipment:		Manufacturer:		Number of Units:
		Model Number:		
Is there a control unit specific to this equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the control unit venting directly into the room? <input type="checkbox"/> YES <input type="checkbox"/> NO	If applicable, list the type of control unit(s) used:		

PART V: COMBUSTION SOURCES

Provide the following information for any engine, generator, or cogen.

EQUIPMENT INFORMATION

Manufacturer:		Model Number:		Serial Number: <small>Multiple serial numbers should be entered in the space provided below.</small>	
Engine Model Year:	EPA Engine Family Name:	EPA Tier:	Displacement (Liters):	Fuel Type:	
Maximum Fuel Delivery Rate (GPH/CFH):	KW Rating:	Horsepower:	Gross Input (BTU/hr):		
Multiple Serial Numbers:					
Is the exhaust stack adequate for all equipment that vents to the stack? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is there an induced fan? <input type="checkbox"/> YES <input type="checkbox"/> NO		If so, where is it located?	
If the unit is a cogen, is it equipped with a heat recovery boiler? <input type="checkbox"/> YES <input type="checkbox"/> NO		Supplemental fuel used, if applicable:		Recovery Boiler Output (million BTU/hr):	

USAGE INFORMATION

Primary Use:	Noise Control:	Hours / Day:	Days / Week:	Weeks / Year:
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PART VI: SIGNATURE INFORMATION

I hereby affirm under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief, and that the equipment and/or apparatus concerned will be installed, altered and operated in accordance with the requirements of the NYC Air Pollution Control Code. I hereby authorize the P.E. / R.A. named herein to file this application on my behalf. I hereby acknowledge that false statements are punishable as a class A misdemeanor pursuant to sec. 24-190 of the NYC air pollution control code and sec. 210-45 of the penal law. All equipment and apparatus in addition to complying with the NYC DEP Bureau of Environmental Compliance shall also meet the requirements of other federal, state and local agencies including but not limited to the Federal Government EPA, NYS Department of Environmental Conservation, NYS Department of Labor Board of Standards and Appeals, Fire Department of NY, and NYC Department of Buildings. This project meets all applicable Safety Standards. DEP reserves the right to revoke this permit for cause. I understand that there may be audit inspections of this facility by DEP to verify the equipment in this application.

Owner or Officer's Name and Title:	Telephone:
Owner or Officer's Signature:	Date:

I hereby certify to the best of my knowledge and belief to the accuracy of the technical information contained in this application, plans, and any supplementary data submitted. I hereby certify that the information provided on this form is true to the best of my knowledge and belief, and that the equipment and/or apparatus concerned will be designed and installed in accordance with the requirements of the NYC Air Pollution Control Code.

PLACE SEAL ABOVE

Name of New York State P.E. or R.A. and License Number:	
Signature of New York State P.E. or R.A.:	Date:

WORK PERMIT will not be issued unless:

(A) Installer is named and (B) Workmen's compensation and disability are on file with the BEC.

Final approval of the installation in the form of a **CERTIFICATE OF OPERATION** will not be issued until compliance with all applicable provisions of law, rules, and regulations of the NYC Air Pollution Control Code have been verified at the installation site by a representative of the department.

Company Name of the Installer:			
Company Address:	Town or Borough:	State:	Zip

(This application is complete and accurate) I hereby certify that upon approval of this application, plans and any supplementary data I will make the installation of and adjustment to the equipment and/or apparatus described herein.

Installer's Name:	License Number:	Class:
Installer's Signature:	Email Address (Mandatory):	Date: