

**WESTCHESTER COUNTY DEPARTMENT OF HEALTH
BUREAU OF ENVIRONMENTAL QUALITY**

STATIONARY COMBUSTION INSTALLATION

APPLICATION FOR PERMIT TO CONSTRUCT OR CERTIFICATE TO OPERATE

SECTION A

1. NAME OF OWNER			8. NAME OF PROF. ENGINEER			9. TELEPHONE			17. FACILITY NAME		
2. NUMBER AND STREET ADDRESS			10. NUMBER AND STREET ADDRESS						18. FACILITY LOCATION (# & ST. ADDRESS)		
3. CITY		4. STATE	5. ZIP	11. CITY		12. STATE	13. ZIP	19. CITY		20. STATE	21. ZIP
5A. OWNER'S EMAIL:			14. NYSPE STAMP/SEAL			15. NYSPEC LIC. #			22. FACILITY CONTACT AND PHONE NUMBER		
6. SIGNATURE OF OWNER		7. TEL. #	16. SIGNATURE OF PE WHEN APPLYING FOR A PERMIT TO CONSTRUCT						23. FACILITY'S EMAIL		
24. NYSPE'S EMAIL											

SECTION B

25. EMISSION POINT NO.	26. GROUND ELEV.(FT.)	27.HGT.ABOVE STRUCTURES (FT)	28.STACK HGT.(FT)	29. INSIDE DIMEN.(IN)	30. EXIT TEMP(°F)	31. EXIT VELOCITY (FT./SEC.)	32. EXIT FLOW RATE (ACFM)	33. HEAT INPUT (MILLION BTU/HR)

SECTION C

34. PERMIT TO CONSTRUCT A. <input type="checkbox"/> NEW SOURCE B. <input type="checkbox"/> MODIFICATION C. <input type="checkbox"/> EXISTING SOURCE		35. CERTIFICATE TO OPERATE A. <input type="checkbox"/> NEW SOURCE B. <input type="checkbox"/> MODIFICATION C. <input type="checkbox"/> EXISTING SOURCE		36. UNIT MANUFACTURER'S NAME & MODEL NUMBER			37. UNIT HEAT INPUT (MMBTU/HR)		38. AIR INTAKE
39. BURNER TYPE	40. BURNER MANUFACTURER'S NAME AND MODEL NO.			41. FUEL TYPE	42. AVG. QTY FUEL/HR	43. MAX. QTY FUEL/HR	44. QTY OF FUEL/YR	45. HRS/DAY	46. DAYS/YR
47. BURNER TYPE	48. BURNER MANUFACTURER'S NAME AND MODEL NO.			49. FUEL TYPE	50. AVG. QTY FUEL/HR	51. MAX. QTY FUEL/HR	52. QTY OF FUEL/YR	53. HRS/DAY	54. DAYS/YR

SECTION D

55. CONTROL TYPE		56. MANUFACTURER'S NAME & MODEL NO.		57. DISPOSAL METHOD	
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SECTION E

58. DESCRIPTION OF PROCESS

SECTION F

ATTACH SEPARATE SHEET SHOWING DETAILS ON THE CALCULATON OF CONTAMINANT SIGNED AND SEALED BY NYSPE

59. CONTAMINANT		61. CONTROL EFFICIENCY	62. ACTUAL HOURLY EMISSIONS	63. ACTUAL ANNUAL EMISSIONS
NAME	CAS NUMBER	%	LBS/Hr	LBS/Yr
TOTAL PARTICULATES	NY075-00-0			
SULFUR DIOXIDE	7448-09-0			
NITROGEN OXIDES	NY210-00-0			
CARBON MONOXIDE	630-08-0			

SECTION G

(COMPLETION OF WORKS - COMPLETE SECTION WHEN APPLYING FOR A CERTIFICATE TO OPERATE)

THIS SOURCE OF AIR CONTAMINATION HAS BEEN CONSTRUCTED OR MODIFIED IN ACCORDANCE WITH THE WESTCHESTER COUNTY DEPARTMENT OF HEALTH CERTIFICATES OF APPROVAL AND APPROVAL OF PLANS OR APPROVED REVISIONS THERETO.	
64. PROFESSIONAL ENGINEER SIGNATURE AND SEAL _____ DATE _____	
THIS SOURCE OF AIR CONTAMINATION WILL BE OPERATED IN ACCORDANCE WITH STATED SPECIFICATIONS AND IN CONFORMANCE WITH PROVISIONS OF EXISTING REGULATIONS.	
65. OWNER'S SIGNATURE _____ DATE _____	
OFFICIAL USE ONLY - DO NOT WRITE BENEATH THIS LINE:	
PERMIT TO CONSTRUCT NUMBER: _____ REVIEWED AND RECOMMENDED FOR APPROVAL: _____ DATE: _____ APPROVED BY: _____ DATE: _____	CERTIFICATE TO OPERATE PERMIT NUMBER: _____ REVIEWED AND RECOMMENDED FOR APPROVAL: _____ DATE: _____ APPROVED BY: _____ DATE: _____