



THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Rev.
11/2014

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

INDUSTRIAL PROCESSES - Work Permit Application Checklist

- I. **Industrial Work Permit Application (Triplicate)**- All applicants must complete Parts I and VI and one section from the following source categories:
 - Dry Cleaning Machine - Part: II
 - Spray Booth or Spray Area - Part III
 - Other Industrial Process (ie., woodworking, jewelry polishing) - Part IV
 - Combustion Source (Engines, Generators, Cogeneration, Dryers, Ovens) – Part V
- II. **Emission Calculations - Provide all assumptions and sample calculations**
- III. **Required Drawings (Triplicate)**
 1. Drawings are to be drawn to scale on no larger than 11" x 17" and not smaller than 8 ½ "X 11". All submitted drawings must be legible.
 2. Equipment Room layout – location and dimensions of equipment, controls, vapor barrier enclosure, exhaust fans, fresh air intake
 3. Plot Plan - For the building or lot containing the industrial equipment, indicate property lines, street names, elevation of roof lines above grade, include building zone (i.e.: M-1, M-3), Block and Lot numbers, minimum distance to the nearest receptor and indicate North direction. Identify all emission points with Emission ID number, Application number (PA/PB), heights above roof and grade for all permitted sources.
- IV. **Additional Documents**
 1. Manufacturer Specification/Catalogue Cut Sheet for controls and exhaust fan including maximum flowrate of the unit.
 2. For Dry Cleaning Machine:
 - NYS DEC Air Facility Registration
 - Copy of DOB and FDNY Permits must be provided for issuance of Certificate of Operation
- V. **Engineering Fee** – for equipment other than fuel burning equipment shall vary with the discharge in cubic feet of gas emitted from the equipment at standard conditions (SCFM)



Instructions for Completing the Industrial Process Equipment Application Form

PART I: FACILITY INFORMATION

All applicants must complete Part I to the best of their ability.

ITEM NAME	SPECIFIC INSTRUCTIONS
Premise Information	
Facility Name (if any):	If subject premise has a name which is displayed on the store front sign or is commonly known (e.g. "ABCD" Garden Apartments) indicate such name. If no such name exists, indicate "none".
Facility New or Existing:	Select "NEW" if equipment will be housed in a new structure. Select "EXISTING" if equipment will be housed in an existing structure.
Facility Location:	Complete premise address of combustion equipment being filed for. Do not abbreviate street address.
Building Section or Number:	If premise identified is part of a housing or commercial complex where buildings have identifying numbers and/or letters, provide same.
Equipment Location:	Identify physical location, by floor number, of combustion equipment within premise (e.g cellar).
Replacement Equipment:	Select "YES" if equipment is a replacement for equipment that is currently certified. Select "NO" if the equipment is not a replacement.
Installation Number of Replaced Equipment:	If this equipment is a replacement for equipment currently certified, please provide the Installation Number of the equipment it is replacing. <i>(Renewal of the existing Certificate of Operation (CO) is required as long as the equipment is operable. The existing CO will be cancelled once we receive a written notification within 20 days that the equipment is dismantled or rendered inoperable.)</i>
Legalized Source:	Indicate whether or not this is a legalized source.
Owner Information	
Owner's Name:	Full legal name of owner of premise.
Owner's Address:	Owner's complete mailing address.
Owner's Email Address:	Email address to facilitate future correspondences and send out renewal reminders.
Telephone:	Telephone number of the Owner.
Fax:	Fax number of the Owner.
P.E. and Installer Information	
Facility Classification:	Classification based on type of use. Check only one appropriate box. Example: Hospital owned residence, check residential College owned dormitory, check residential College owned power plant, check utility
Name of P.E. or R.A.:	Full name of Professional Engineer authorized to file the Industrial Process Equipment Application Form.
License Number:	New York State Professional Engineer's or R.A.'s License Number.
P.E. Email Address:	P.E. email address for future correspondence.
P.E. Telephone Number:	Telephone number of the Professional Engineer.

P.E. Fax Number: Fax number of the Professional Engineer.

Company Name: Name of the company the Professional Engineer is employed with.

P.E. Address: Complete business address information of the Professional Engineer.

Name of Installer: If applicable, provide the full name of the installer authorized to file the Industrial Process Equipment Application Form.

New York City Installer License Number: New York City Oil Burner Installer License Number.

Installer Email Address: Installer email address for future correspondence.

Installer Telephone Number: Telephone number of the installer.

Installer Fax Number: Fax number of the installer.

Company Name: Name of the company the installer is employed with.

Installer's Address: Complete the business address information of the installer.

Fee Exemption

Is This a Tax Exempt Property: If the premise where the equipment is located has tax exemption as per the Department of Finance, then select "YES". Additionally, provide the DOF tax exemption documentation.

Is This a Government Owned Property: If the premise where boiler is located owned by a Government agency, select "YES".

Agency Name: If selected "yes" then provide the government agency that owns the premise.

Supplemental Information

What type of business being conducted at this location? Specify what type of industrial process is being conducted at this location. If "Other" is selected, specify the type of industrial process.

Emission Sources Present at the Facility: Indicate all sources of emissions that are present at the facility. For example, if an autobody shop has a spray booth equipped with a heater, both the spray booth and the heater should be listed as sources of emissions.

Building Type: If the industrial process is operating in a stand-alone building without any other occupants (commercial or residential), select "Stand Alone". If there are other occupants in the building, select "Mixed Use".

Describe Types of Other Tenants: If the building is a mixed use building, select all of the boxes that describe the other tenants.

Stack Parameters

Emission Point ID: Provide the emission point ID for this stack.

Ground Elevation: The height of the stack from its foundation base (in feet).

Height Above Structures: The distance from the roof of the building to the top of the chimney (in feet).

Stack Height: The distance from the centerline of the entrance of the combustion gases into the chimney to the top of the chimney (in feet).

Inside Diameter: Specify inside diameter of chimney outlet (in inches).

Exit Velocity: Chimney gas exit velocity (in feet per second).

Exit Flow Rate: Chimney gas exit flow rate in actual cubic feet per minute (ACFM). The standard conditions 60°F and 14.6 psi.

Exit Temperature: Specify the exhaust temperature. Typically, this is the room temperature.

Fan Manufacturer Information: If an exhaust fan is present, provide the manufacturer's name and model number.

Number of Units:	Specify the number of exhaust fans of this make/model present in the facility.
Total ACFM Per Unit:	Specify the ACFM of each unit.
Fan Diameter:	Indicate the diameter of the fan (in inches).
Fan Motor:	Indicate the capacity of the fan (in HP and RPM).
Dimensions of Area Ventilated by Fan:	Provide the dimensions of the area that is ventilated by the fan. If the fan is attached to an enclosed structure, such as a spray booth or dry cleaning unit equipped with a vapor barrier, provide the dimensions of this space.
Multiple Pieces of Equipment Connected to the Stack:	If more than one piece of equipment is exhausted to the stack described above, select "YES". If only one piece of equipment is exhausted to the stack, select "NO".
List the Equipment:	If selected "YES" in previous question, list all of the pieces of equipment that are exhausted to the stack.

Emission Control

Emission Control Equipment:	If emission control equipment is used, select "Yes". If no emission control equipment is used, select "No".
Is the Control Part of the Equipment:	If the control equipment is part of the industrial equipment, select "Yes". If the control equipment is a separate unit, select "No".
Type(s) of Pollutant(s) Controlled:	Select the type(s) of pollutant(s) that are controlled by the emission control equipment. If "Other" is selected, list the name of the pollutant.
Emission Controls:	Select the type(s) of emission control device(s) used at the facility. If "Other" is selected, list the name of the control device.
Description of Control Device:	Provide a more detailed description of the emission control device(s). For example, if "Filter" was selected, provide the filter material.
Contaminant:	List the name and CAS number of all contaminants emitted by this equipment.
Emissions:	Provide hourly emissions in pounds per hour and annual emissions in pounds per year.
How Determined:	Provide the method of calculating these rates and how emission factors were determined (i.e. Manufacturer Data, USEPA AP-42, Source Testing, Other). Specify the percent (%) removal of each contaminant.
Calculations:	Provide any emissions calculations used in the determination of emission rates of maximum pounds per hour per year for each contaminant listed. Include the emission factors (lbs/process or lbs/[MMBtu/hr]) used to determine the hourly and annual emissions.
Proposed Emissions Rating:	<p>Rating A: Includes processes, and exhaust and ventilation systems where the discharge of air contaminant results, or would reasonably be expected to result, in serious adverse effects on receptors or the environment. These effects may be of a health, economic or aesthetic nature or any combination of these.</p> <p>Rating B: Includes processes, and exhaust and ventilation systems where the discharge of air contaminant results, or would reasonably be expected to result, in only moderate and essentially localized effects; or where the multiplicity of sources of the contaminant in any given area is such as to require an overall reduction of the atmospheric burden of that contaminant.</p> <p>Rating C: Includes processes, and exhaust and ventilation systems where the discharges of contaminant would reasonably be expected to result in localized adverse effects of an aesthetic or nuisance nature.</p>

Heater Information

Is the heater a separate unit? Select "YES" if the heater is a separate unit and "NO" if it is part of a combined unit.

- Manufacturer Make and Model:** Specify the name of the manufacturer of the heater and the complete model number or type.
- Fuel Type:** Specify the type of fuel used ie. Natural; gas, diesel, #2 oil).
- Input:** Specify the total maximum operating heat input of all units on this application in million BTU/hr.
- Output:** Provide heater gross output (in million BTU/hour), which shall be specified by the manufacturer.
- Firing Rate:** Provide the gross firing rate (GFR) in gallons per hour or cubic feet per hour. For new boilers, the GFR of the heater shall be required to produce the GFR based on the manufacturer data.

Additional Permitted Equipment in Facility

- Additional Permitted Equipment:** Provide all installation numbers (PA/PB, CA/CB) and a description of all other permitted equipment present in the facility as well as the Certificate of Operation expiration date.

PART II: DRY CLEANING

Complete Part II **only** if the applicant is operating a dry cleaning facility.

ITEM NAME SPECIFIC INSTRUCTIONS**Equipment Information**

- Manufacturer:** Specify the manufacturer of the dry cleaning unit.
- Model Number:** Specify the model number of the dry cleaning unit.
- Serial Number:** Specify the serial number of the dry cleaning unit installed at this facility.
- Year of Manufacture:** State the year of manufacture for the dry cleaning unit.
- Date of Installation:** State the date or year in which the dry cleaning unit was installed at this facility.
- Capacity:** State the load capacity of the drum (in pounds).
- Solvent Type*:** Enter the primary solvent type from those listed below for the dry cleaning equipment identified. If the primary solvent is not listed, write the complete name of the solvent.

NYS Department of Environmental Conservation Accepted Solvent Types	
Perchloroethylene (Perc); CAS 127-18-4 Chlorinated hydrocarbon	Sasol LPA-142 ¹ ; CAS 64942-47-8 highly refined hydrocarbon
GreenEarth SB-32; CAS 541-02-6 decamethylcyclopentasiloxane, by Gen Elec	RR Street Solvair; CAS 29911-28-2 Dipropylene Glycol n-Butyl Ether ²
ExxonMobil DF-2000 ^{TM1} ; CAS 64742-48-9 synthetic hydrocarbon	SolvonK4; CAS 2568-90-3 dibutoxymethane, Kreussler
Chevron Phillips EcoSolv ^{®1} ; CAS 68551-17-7 highly refined hydrocarbon	Green Earth (GEC-5); CAS 541-02-6 decamethylcyclopentasiloxane, by Shin-Etsu
Rynex 3 TM ; CAS 132739-31-2 dipropylene glycol tert-butyl ether	DC-142 ¹ ; CAS 64742-88-7 aliphatic hydrocarbon, by Essential Solvents

¹ All petroleum solvents (e.g., DF-2000, EcoSolv & Sasol LPA-142 & DC-142) may be subject to the New Source Performance Standard (NSPS) for petroleum dry cleaners if the manufacturer's rated dryer capacity is equal to or greater than 84 pounds from all machines combined. Petroleum machines installed between 12/14/82 and 9/21/84 are exempt from the NSPS if the annual facility usage is less than 4,700 gallons per year.

² The SolvailTM dry-cleaning system uses both nPGnBE and carbon dioxide (exempt) as dry cleaning solvents and has been approved for Air Facility Registration.

- Machine Type**:** Choose a machine type from those listed below. If the machine is not listed, write a complete description of the machine. Do not list transfer washing machines using alternative solvents on the application form; list only transfer drying machines that are using alternative solvents.

Perchloroethylene (Perc.) Dry Cleaning Machines
3 rd Generation Perchloroethylene Dry Cleaning Machine with a Door Fan
3 rd Generation Perchloroethylene Dry Cleaning Machine that has been converted to a 4 th Generation Machine with an added Integral Carbon Adsorber
4 th Generation Perchloroethylene Dry Cleaning Machine
DEC Certified 4 th Generation Perchloroethylene Dry Cleaning Machine. Refer to NYSDEC website for a list of DEC Certified 4 th Generation Perchloroethylene dry cleaning machines: http://www.dec.ny.gov/chemical/8943.html
Alternative Solvent Dry Cleaning Machines
Uncontrolled Alternative Solvent Transfer Machine Dryer
Alternative Solvent Transfer Machine Dryer that is controlled with a Refrigerated Condenser
Closed Loop Alternative Solvent Dry Cleaning Machine that has a Refrigerated Condenser
Closed Loop Alternative Solvent Dry Cleaning Machine that has a Refrigerated Condenser and an Integral Carbon Adsorber

- Spill Pan:** If the unit is equipped with a spill pan, select "YES".

- Exhaust Systems:** Select the type of exhaust systems installed at this facility, if any.

- Maximum Operating Temperature:** List the maximum allowable operating temperature for this solvent. This information is typically

located in the solvent MSDS.

Sprinkler System: If an FDNY certified sprinkler system is installed in the facility, select "YES".

Usage Information

Estimated Annual Solvent Consumption: Estimate the amount of solvent consumed annually (in pounds per year).

Maximum Hourly Solvent Usage: Estimate the maximum amount of solvent used hourly (in pounds per hour).

Loads Per Day: Average number of loads that will be processed each day.

Operational Days Per Year: Average number of days per year the facility will be in operation.

PART III: SPRAY BOOTH / SPRAY AREA

Complete Part III only if the applicant is operating a spray booth or spray area at the facility.

ITEM NAME	SPECIFIC INSTRUCTIONS
Equipment Information	
Equipment Type:	Specify the type of equipment used at this facility. If "Other" is selected, describe the type of equipment used.
Manufacturer:	Specify the manufacturer of the spray booth / spray area.
Model Number:	Specify the model number of the spray booth / spray area.
Date of Installation:	State the date or year that the spray booth / spray area was installed at this facility.
Type:	Select the type of spray booth / spray area: either choose "Automotive", "Bench Type", or "Floor Type". If "Automotive" is chosen, select if it is "Downdraft", "Semi-Downdraft", or "Crossdraft".
Opening Height and Width:	Specify the opening height and width of the spray booth / spray area.
Operational Information	
Hours Per Day:	Average number of hours per day that spraying will occur at this facility.
Operational Days Per Year:	Average number of days per year that the facility will be in operation.
Article(s) Sprayed:	Select the type(s) of items sprayed at this facility. If "Other" is selected, list the items that are sprayed.
Method of Application:	Select the method by which the spray material is applied to the items sprayed. If "Other" is selected, list the method of application.
Gun Cleaning Method:	Select the method by which the spray guns are cleaned. If "Other" is selected, list the cleaning method.
Waterwash Pump:	Provide the horsepower (HP) of the waterwash pump, if applicable.
Water Flow Rate:	Provide the water flow rate in gallons per minute (GPM) of the waterwash pump, if applicable.
Usage Information	
Type of Material:	List all materials being sprayed at this facility.
Product Name and Product Number:	List the product name and number of each material being sprayed. This information must be complete so that the DEP can locate the Material Safety and Data Sheet (MSDS) for each product.
Material VOC:	Provide the amount of Volatile Organic Compound (VOC) in each material (in pounds VOC per gallon of material). This information can be found in the MSDS report.
Maximum Hourly Usage:	Estimate the maximum hourly usage of each material.
Annual Usage:	Estimate the annual usage of each material.

PART IV: OTHER INDUSTRIAL PROCESS

Complete Part IV if any other type of industrial process or operation is being operated at the facility.

ITEM NAME	SPECIFIC INSTRUCTIONS
Equipment information	
Material Being Processed:	List the type of material being processed at this facility.
Maximum Hourly Processing Rate:	Estimate the maximum amount of material processed hourly.
Annual Amount of Material Processed:	Estimate the amount of material that is processed annually at this facility.
Description of the Equipment:	Provide a brief description of the type of equipment used at this facility. If additional types of equipment are used, describe them in the additional spaces provided below.
Number of Units:	List the number of units of this type of equipment.
Manufacturer:	Specify the name of the manufacturer of this equipment.
Model Number:	Specify the model number or name of this equipment.
Year of Installation:	State the date or year when this equipment was installed at this facility.
Specific control unit:	If there is an emission control unit that is specific to the piece of equipment described above, select "YES".
Control Unit Ventilation:	If the emission control unit ventilates directly into the room, select "YES".
List the Control Units:	Provide a detailed description of the emission control unit(s) specific to the piece of equipment described above.
Additional Types of Equipment:	Provide all relevant information for additional types of equipment used at this facility.

PART V: COMBUSTION SOURCES*Complete Part V for any engine, generator, or cogen operating at the facility.*

ITEM NAME	SPECIFIC INSTRUCTIONS
Equipment Information	
Manufacturer:	Specify the name of the manufacturer of this equipment; usually found on the name plate.
Model Number:	Specify the model number of this equipment; usually found on the name plate.
Serial Number:	Specify the serial number of the equipment; usually found on the name plate.
Engine Model Year:	Model year of engine used in equipment; usually found on the engine label.
EPA Engine Family Name:	Equipment Engine Family Name; usually 11 or 12 digits long and found on the engine label.
EPA Tier:	EPA Emission Tier; usually found on equipment specification sheet or manufacturer's website.
Displacement:	Engine Displacement (liters); usually found on the engine label.
Fuel Type:	Indicate the fuel type used in the equipment.
Maximum Fuel Delivery Rate:	Indicate the maximum rate of fuel delivery in either gallons per hour (GPH) or cubic feet per hour (CFH).
KW Rating:	Equipment KW Rating.
Horsepower:	Equipment Horsepower (HP); usually found on the name plate.
Gross Input:	Equipment Gross Input (BTU/hour); usually found on the name plate.
Multiple Serial Numbers:	Provide the serial numbers for each identical unit. Do not submit separate forms for identical units at one location.
Exhaust Stack Adequacy:	Is the exhaust stack (described in Part I) adequate to ventilate all of the equipment located at this facility?
Induced Fan:	If the exhaust stack is equipped with an induced fan, select "YES".
Location of Induced Fan:	If applicable, provide the location of the induced fan (i.e. chimney).
Heat Recovery Boiler:	If the combustion unit described above is a cogen, is it equipped with a heat recovery boiler? If so, select "YES", if not, select "NO".
Supplemental Fuel Type:	If the heat recovery boiler requires supplemental fuel, list the type of fuel used.
Recovery Boiler Output:	Provide the output of the cogen recovery boiler (in million BTU/hour).
Usage Information	
Primary Use:	Indicate the primary use of the engine, generator, or cogen.
Noise Control:	Identify the noise control device that will be used with this equipment (i.e. muffler).
Hours Per Day:	Estimate the number of hours per day that this equipment will operate.
Days Per Week:	Estimate the number of days per week that this equipment will operate.
Weeks Per Year:	Estimate the number of weeks per year that this equipment will operate.



DEPARTMENT OF ENVIRONMENTAL PROTECTION
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ENGINEERING FEES

Rev 07/11

REFER TO NYC ADMINISTRATIVE CODE, TITLE 24, AIR POLLUTION CONTROL CODE, FOR EXACT FEE STRUCTURE AND FILING REQUIREMENTS.

SCHEDULE A

GROSS INPUT RATING OR DESIGNED FUEL CONSUMPTION RATING IN MILLIONS OF BTU/HR:

#4 OR #6 FUEL OIL & SOLID FUELS	#2 FUEL OIL & NATURAL GAS	
	LESS THAN 2.8 SEE REGISTRATIONS	
1.0 TO LESS THAN 4.2	2.8 TO LESS THAN 10	\$ 345.00
4.2 TO LESS THAN 7.0	10 TO LESS THAN 20	\$ 470.00
7.0 TO LESS THAN 14.0	20 TO LESS THAN 35	\$ 595.00
14.0 TO LESS THAN 21.0	35 TO LESS THAN 50	\$ 700.00
21.0 TO LESS THAN 28.0	50 TO LESS THAN 70	\$ 830.00
28.0 TO LESS THAN 35.0	70 TO LESS THAN 100	\$ 940.00
35.0 TO LESS THAN 42.0	100 TO LESS THAN 140	\$ 1440.00
42.0 OR GREATER	140 OR GREATER	\$ 1440.00 + \$125*

WORK PERMITS, INITIAL INSPECTION, REINSPECTION, RENEWALS...100% OF FEE

*\$125 FOR EACH ADDITIONAL 10 MILLION BTU/HR OR FRACTION THEREOF

AMENDMENTS

REGISTRATION

DUE TO UNACCEPTABLE DESIGN50% OF FEE

FOR EQUIPMENT IN THE AGGREGATE FEEDING INTO A COMMON EMISSION POINT:

PRIOR TO ISSUANCE OF C/O10% OF FEE

350,000 TO LESS THAN 1,000,000 BTU/HR.....\$110

INCOMPLETE APPLICATION.....\$95

1,000,000 TO LESS THAN 2.8 MILLION BTU/HR.....\$190

OTHER AMENDMENTS\$65

OTHER REGISTRATIONS:

REINSTATE CANCELLED PERMIT100% OF FEE

DEMOLITION (MINIMUM).....\$250

AFFIDAVITS

SPRAYING (MINIMUM).....\$250

ISSUANCE OF CERTIFICATE ON BASIS OF NOTARIZED AFFIDAVIT AFTER MINOR DISAPPROVAL 50% OF FEE.

ADMINISTRATIVE FEES

SCHEDULE C

COPY OF CERTIFICATE OF OPERATION/REGISTRATION\$10

FEES FOR EQUIPMENT OTHER THAN FUEL BURNING OR REFUSE BURNING EQUIPMENT (PROCESS EQUIPMENT)

COPY OF OTHER DOCUMENTS, FIRST PAGE.....\$6

ADDITIONAL PAGES OF SAME DOCUMENT.....\$2

SEARCH OF PREMISE ADDRESS, EACH PREMISE.....\$30

EMISSION IN CFM

ENVIRONMENTAL RATING

CERTIFICATE OF INSTRUCTION.....\$25

CERTIFICATE OF INSTRUCTION REPLACEMENT COPY.....\$6

	D	C	B	A
5,000 OR LESS	\$200	\$250	\$280	\$315
5,001 THRU 20,000	\$375	\$470	\$525	\$590
20,001 THRU 50,000	\$565	\$700	\$795	\$875
50,001 THRU 100,000	\$750	\$940	\$1060	\$1175
100,001 OR MORE	\$1125	\$1405	\$1580	\$1750

If **Fee Exempt**, please provide proof of exemption. Acceptable proofs are:

- A current property assessment printout indicating 100% tax exemption of the property. This printout is to be prepared by the Department of Finance. You can obtain more information about how to obtain a property assessment report from the Department of Finance website on www.nyc.gov.
- A letter from the State Department indicating exemption by treaty.
- A letter from the United Nations indicating exemption from the laws of the United States.