Environmental Protection and Growth Management Department
POLLUTION PREVENTION, REMEDIATION AND AIR QUALITY DIVISION
Mailing Address: 1 North University Drive, Suite 203, Plantation, Florida 33324
954-519-1260 • FAX 954-519-1495

APPLICATION FOR BROWARD COUNTY AIR LICENSE TO CONSTRUCT/OPERATE AIR POLLUTION SOURCE

(Not to be used for a State of Florida Air Permit Application)

Pursuant to provisions of the Broward County Code of Ordinances, Chapter 27, application is hereby made for authority to operate the following air pollution source:

A. Owner /Authorized Representative or Applicant

1. **Name of Owner/Authorized Representative:** _____

2. **Mailing Address:**
   Organization/Firm: _____
   Street Address: _____
   City: _____ **State:** _____ **Zip Code:** _____

3. **Telephone Numbers:**
   Telephone: _____ **Fax:** _____ **Email:** _____

4. **Statement by Owner/Authorized Representative:**

   I am the undersigned owner or authorized representative of _____. I certify that the statements made herein for a license to construct/operate an air pollution source are true, correct and complete to the best of my knowledge and belief. Further, I agree to maintain and operate the air pollution source and air pollution control devices in such a manner as to comply with provisions of Broward County code of Ordinances, Chapter 27, and all rules and regulations or revisions thereof. I also understand that a license, if granted, will be transferable only in accordance with Chapter 27, Section 27.

SIGNATURE: _____ **DATE:** _____

Name and Title (please print): _____

B. Purpose of Application

This Air License application is being submitted in order to obtain (check one):

[ ] Air license for construction of a new facility

[ ] Air license for initial operation of a new facility

[ ] Air license for operation of an existing facility

[ ] Modification of an existing operational facility

Current license number:_____

C. Professional Engineer Certification (registered in Florida)

1. **Professional Engineer Name:** _____

   Florida Registration Number: _____
   Please Affix Seal

2. **Mailing Address:**
   Organization/Firm: _____

   Street Address: _____

   City: _____ **State:** _____ **Zip Code:** _____

3. **Telephone Numbers:**
   Telephone: _____ **Fax:** _____ **Email:** _____

4. **Statement Professional Engineer:**

   This is to certify that the engineering features of this project have been designed/examined by me and found to be in conformity with modern engineering principles applicable to control and discharge of air pollutants characterized in the license application. There is reasonable assurance, in my professional judgment, that the air pollution source(s) with appropriate pollution control equipment, when properly maintained and operated, will comply with all applicable regulations of Broward County Code of Ordinances, Chapter 27.

SIGNATURE: _____ **DATE:** _____

Name and Title (please print): _____

Location is approved by building and zoning of municipality where facility is located.

D. Operation/Modification Information

Project Description: _____

_____

_____

_____

_____

_____

_____

Date of commencement of operation or modification: _____

E. General Facility Information

Facility Operator/Contact: _____

Facility (Source) Information:

Organization/Firm: _____

Facility Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Numbers:

Telephone: ( ) _____ **Fax: ( )** _____

Describe the general nature of the business and nature and extent of the project. Please refer to the air pollution control equipment. State whether the project will result in full compliance with applicable regulations. _____

_____

_____

_____

_____

_____

_____

Previous PPRAQ Licenses issued:

_____

Projected equipment operating time: _____ hours/day, _____ days/week, _____ weeks/year

If seasonal, describe: _____

List air contaminants emitted from <u>each</u> emission point (use a separate sheet as needed):

_____

_____

_____

_____

_____

F. Raw Materials and Chemicals Used in Process

a. Raw Materials -- Please complete the following and attach applicable Material Safety Data sheets:

Product	Contaminant	Weight (lbs per gal)	VOC per gal	Utilization Rate (gal or lb per day)

b. Other Solvent use: _____

c. Liquid or solid waste generated and method of disposal: _____

d. Fuels Used:

Fuel Type and Specification	Consumption* Average	Consumption* Maximum	Maximum Heat Input

*** Units: Natural Gas- MMCF/hr; Fuel Oil - Gal/hr; Coal, Wood, Refuse - Lbs/hr**

G. Exhaust Stack Information:

Exhaust Fan Data*: Manufacturer: _____ **Model Number:** _____

Number of Fans: _____ **Horsepower:** _____ **Volume:** _____ **ACF Static Pressure:** _____ **in W.G.**

Emission stack geometry and flow characteristics (provide data for each stack):

Stack height: _____ **ft. Stack Diameter:** _____ **ft. Type of Stack Head** _____

Gas/Air flow rate: _____ **ACFM**

Applicable for forced draft dust collectors and other exhaust stacks.

H. Specific Project Information:

a. Silo

Product: _____ **Capacity:** _____ **Usage Rate:** _____

Silo Loading Frequency: _____ **Air pollution control device on silo:** _____

b. Dust Collector

Type: _____ Manufacturer: _____ Model Number: _____

Horsepower: _____ Filtration System Type: _____ No. of filters or bags: _____

Filter Area (ft^2): _____ Air Flow (cfm): _____ % Collection/Control Efficiency: _____

Contaminant/Product Filtered: _____ Contaminant Discharged to: _____

c. Oven

Oven Manufacturer, model number, serial number: _____

Oven Dimensions: Width: _____ft. Height: _____ft. Depth: _____ft.

Method of Heating: Direct Fired [ ] Indirect Fired [ ] Electric [ ] Steam [ ]

Design Capacity: _____ Standby fuel [ ] Yes [ ] No Type: _____

Operating temperature: _____ Articles processed: _____

d. Scrubber

Manufacturer, model number, serial number: _____

_____

Type of scrubber: Packed tower [ ] Flooded tray [ ] Spray Chamber [ ] Venturi [ ]

Pollutant to be scrubbed: _____ Gas Flow Throughput: _____

Design pressure drop: In scrubber: _____ In duct work: _____

Scrubber liquid data: Flow to scrubber: _____ gal/min Amount of liquid recycled: _____ gal/min

Additive to scrubber liquid: Type: _____ Concentration: _____

Method of maintaining scrubbing liquid concentration: _____

Number: _____ Type: _____ Operating pressure: _____

I. Supplemental Requirements:

Please provide the following supplements. If supplements are not attached, please explain reasons on a separate sheet and attach the sheet with the application. All supplemental information must be submitted in order for the application to be deemed complete.

1. Facility potential-to-emit air emissions/contaminants (in lbs/hr and TPY), emission calculations and method of calculation for all facility air emission points based on facility maximum operating scenario, design capacity of control equipment and worst case emissions scenario from facility operations.

   Attached [ ] Not Attached [ ]

2. Design details, description and manufacturer's specifications for all pollution control systems.

   Attached [ ] Not Attached [ ]

3. Derivation of control device(s) efficiency. Include test or design data and/or manufacturer control efficiency data.

   Attached [ ] Not Attached [ ]

4. Material Safety Data Sheets for all chemical products utilized during operation (as applicable) which have a potential to emit volatile organic compounds and/or hazardous air pollutants to atmosphere.

   Attached [ ] Not Attached [ ]

5. An 8 1/2"x 11" flow diagram which will, without revealing trade secrets, identify the individual operations and/or processes. Indicate where raw materials enter, where solid and liquid waste exit, where gaseous emission and/or airborne particles are emitted, and where finished products are obtained.

   Attached [ ] Not Attached [ ]

6. An 8 1/2"x 11" plot plan showing the location of the facility, and points of airborne emissions, in relation to surrounding area, residences and other permanent structures and roadways.

   Attached [ ] Not Attached [ ]

7. An 8 1/2"x 11" plot plan of the facility showing the location of manufacturing processes and outlets for airborne emissions. Relate all flows to flow diagram.

   Attached [ ] Not Attached [ ]

If paying by check, please make check payable to the Broward County Board of Commissioners. Please submit the completed application to the Pollution Prevention and Air Quality Division (PPRAQ) at 1 North University Drive, Suite 203, Plantation, FL 33324. You may contact the PPRAQ at 954-519-1260 should you have any questions.