



Department of Regulatory and Economic Resources  
 Division Environmental Resources Management (DERM)  
 701 NW 1<sup>st</sup> Court, 2<sup>nd</sup> Floor  
 Miami, Florida 33136-3912  
 T: 305-372-6925 Fax: 305-373-6954  
 Miamiade.gov

**AIR PERMIT APPLICATION**

**INSTRUCTIONS**

All information spaces must be completed in full. Submitting this application DOES NOT relieve you of any responsibility for complying with orders issued to you by the **DERM CODE ENFORCEMENT SECTION** or stop or delay any normal enforcement procedures. **Read this application carefully before you begin to fill out.** Call the **DERM AIR FACILITIES SECTION** at (305) 372-6925, if there are any questions. Please include ALL equipment, operations, procedures, and activities which have a potential to emit air pollutants. Failure to include any potential source of air pollutants could result in after-the-fact enforcement action. Application package should be submitted to either of the DERM Environmental Plan Review offices, located at 11805 SW 26<sup>th</sup> Street, Miami, Florida 33175 or 701 NW 1<sup>st</sup> Court, Suite 200, Miami, Florida 33136.

**A. Owner/Authorized Representative**

Name of Owner/Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Organization/Firm: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

\* Attached letter of authorization if not currently on file.

**B. Purpose of Application**

This Air Permit application is submitted to obtain (check one):

- Air construction permit for a new facility/new emissions unit
- Initial air operation permit for an existing, but previously unpermitted facility
- Initial air operating permit for a newly constructed facility  
Current construction permit number: \_\_\_\_\_
- Air operating permit revision.  
Construction/Operation permit to be revised: \_\_\_\_\_

**C. Application Processing Fee**

Attached - Amount: \$ \_\_\_\_\_  Not Applicable.

**D. Construction/Modification Information**

Description of Project <hr/> <hr/> <hr/> <hr/> <hr/>
Date of Commencement of Construction (DD-MON-YYYY): _____

**E. Professional Engineer Certification**

Professional Engineer Name: _____ Registration No.: _____ Mailing Address: _____ Email Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: (____) _____ - _____ Fax (____) _____ - _____ Professional Engineer Statement: <p>I, the undersigned, hereby certify that:          To the best of my knowledge the air pollutant and the air pollution control equipment described in this Air Permit Application, when properly operated and maintained, will comply with all applicable standards for control of air pollutant emissions found in Chapter 24, Environmental Protection, of the Code of Miami-Dade County and in the Florida Statutes and rules of the Department of Environmental Protection.</p>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;">           _____            Signature         </div> <div style="width: 45%; text-align: center;">           _____            Date         </div> </div>

## GENERAL FACILITY INFORMATION

### F. Facility Name, Location, and Type

Facility Contact:	_____
Facility Name:	_____
Facility Street Address:	_____
City:	_____ State: _____ Zip Code: _____
Telephone: (____) _____ - _____	Fax (____) _____ - _____
Latitude (DD/MM/SS): _____	Longitude (DD/MM/SS): _____
Property Folio No.:	_____
Sewer Service:	_____ Water Supplier: _____

### FACILITY SUPPLEMENTAL INFORMATION

This subsection of the Air Permit Application form provides supplemental information related to the facility. This information must be submitted as an attachment to each copy of the form. **Two sets of the application package are required.**

### G. Supplemental Requirements for ALL Applications

Area Map Showing Facility Location with Plot Plan:	
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Applicable
Facility Elevation Drawing:	
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Applicable
Process Flow Diagram(s):	
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Applicable
Detailed Description of Control Equipment	
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Applicable
Fuel Analysis or Specification	
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Applicable
Fuel Utilization Rate	
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Applicable
Material Safety Data Sheets	
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Applicable
Actual and Potential Emissions Calculations (tons per year)	
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Applicable

**H. Facility Description**

Description of Process

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**I. Spraybooth Data**

Type (conventional, downdraft, semi-down draft, etc)

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Booth Dimensions: \_\_\_\_\_Wide \_\_\_\_\_High \_\_\_\_\_Long

Exhaust Filter Area: \_\_\_\_\_Ft<sup>2</sup>

Exhaust Fan Data:

No. of Fans: \_\_\_\_\_ RPM \_\_\_\_\_ HP \_\_\_\_\_ CFM \_\_\_\_\_

**J. Other Equipment Data**

Equipment Type: \_\_\_\_\_ Model No.: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Generator Nameplate Rating: \_\_\_\_\_ MW: \_\_\_\_\_

**K. Facility Operating Capacity**

Maximum Heat Input Rate: \_\_\_\_\_ mmBtu/hr: \_\_\_\_\_

Maximum Process or Throughput Rate: \_\_\_\_\_

Maximum Production Rate: \_\_\_\_\_

**L. VOC and other Hazardous Air Pollutants**

Indicate formulation for all cleaning and coating products and other chemicals compounds which are used in your operation, so that your status as per applicable regulations may be determined. **Use extra sheets as may be required.**

Operation	Chemicals and Solvents	CAS No.	lbs per gals	% Solvent by Weight	Utilization gals per day

**M. Facility Operating Schedule:**

\_\_\_\_\_ hours/day \_\_\_\_\_ days/week \_\_\_\_\_ weeks/year.