



Department of Regulatory and Economic Resources
 Division Environmental Resources Management
 (DERM) 701 NW 1st Court, 2nd Floor
 Miami, Florida 33136-3912
 T: 305-372-6925 Fax: 305-373-6954
 miamidade.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 **RER-DERM CODE ENFORCEMENT SECTION** or stop or delay any normal enforcement procedures. **Read this application carefully before you begin to fill out.** Call the **RER-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 RER-DERM Environmental Plan Review offices, located at 11805 SW 26th Street, Miami, Florida 33175 or 701 NW 1st 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 RER-DERM cannot be transferred without authorization from the RER-DERM and I will promptly notify the RER-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: 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. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <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

I. Spraybooth Data

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

Make: _____ Model: _____

Booth Dimensions: _____Wide _____High _____Long

Exhaust Filter Area: _____ Ft²

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.