



Carlos A. Gimenez, Mayor

Department of Regulatory and Economic Resources
Division of Environmental Resources Management
701 NW 1st Court, Suite 700
Miami, Florida 33136-3912
T 305-372-6600 F 305-372-6410
miamidade.gov

APPLICATION FOR PERMIT TO OPERATE
A POLLUTION CONTROL FACILITY

Applicant's Name and Title: _____

Applicant's Address: _____ Telephone No.: _____

Please attach a check in the of \$ _____ made payable to "Miami-Dade County". This fee amount is based on the fee schedule approved by the Board of County Commissioners.

The undersigned owner or authorized representative of _____

is fully aware that the statements made in this application for an operating permit are true, correct, and complete to the best of his/her knowledge and beliefs. Further, the undersigned agrees to maintain and operate the pollution source and pollution control facility in such a manner as to comply with provisions of Chapter 24 of the Code of Miami-Dade County and all the rules and regulations of the department. The undersigned person also understands that a permit, if granted by the department, will be non-transferable and that he/she will promptly notify the department upon sale, change of location, or legal transfer of the permitted facility.

ATTACHED LETTER OF AUTHORIZATION

Signature, Owner or Authorized Representative
(Notarization is mandatory)

Type Name and Title

Sworn to and subscribed before me this _____ day of _____ 20 _____

By _____

[] Personally known or [] Produced Identification
(Please check one)

Type of Identification Produced: _____

Notary Public



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APPLICATION FOR IW5 PERMIT
TO OPERATE INDUSTRIAL AND COMMERCIAL POTENTIAL SOURCE OF POLLUTION

1. Date: 2. Name of Company:

3. Business Address/Location:

City: Zip: 4. Bay/Suite#:

5. Property Folio No.: (For Folio Information contact the Property Appraiser Dept. at 305-375-4070)

6. Type of Business: 7. Telephone No.:

8. Owner/Authorized Person: 9. Title:

10. Mailing Address:

City: State: Zip

11. Night Emergency Phone No.:

12. Other DERM Permit(s) No(s): 13. Hours of Operation:

COPY OF MOST RECENT WATER BILL MUST BE PROVIDED AND MIA-DADE COUNTY CERTIFICATE OF USE OR MUNICIPAL OCCUPATIONAL LICENSE

14. New (unused) Materials Storage

Table with 3 columns: (check one or more), Quantity Stored, Storage Method. Rows include Antifreeze/Coolant, Chlorine, Diesel Fuel, Dry Cleaning Liquids, Film Processing Chemicals, Gasoline, Inks, Oils, Pesticides, Solvents, Transmission Fluid.



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15. Waste Hauler Information

Type of Waste	Storage, Treatment, Containment, or Disposal Device	Dimensions and Descriptive Data	* Name/Address Waste Hauler	Frequency
Oil				
Oil Filters				
Coolant/Antifreeze				
Batteries				
Parts Washer(s)				
Solvents/Paints				
Rags				
Dry Cleaning Liquid/Filters				
Carburetor Cleaner				
Film Processor Waste				
Silver Recovery Cartridge/Canister				
Bio-Hazardous				

* LIST OF PERMITTED WASTE HAULERS ARE AVAILABLE UPON REQUEST. PLEASE PROVIDE COMPLETE AND ACCURATE INFORMATION.

 Owner or Authorized Official (Please Print) Title

 Signature Date: _____

NOTE: THE INFORMATION REQUESTED MUST BE FILLED IN COMPLETELY AND ACCURATELY IN ORDER FOR THE PERMIT APPLICATION TO BE PROCESSED

FOR OFFICE USE ONLY				
CK: _____	Date: _____	FOC: _____	WELLFIELD CODE: _____	FILE: _____
AMT: _____	PSC: _____	SIC: _____	IW5- _____	COMMENTS: _____



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RELOCATION OF AN EXISTING POLLUTION CONTROL FACILITY

Applicant's Name and Title: _____

Applicant's Address: _____ Telephone No.: _____

The undersigned owner or authorized representative of _____ Business Name

is relocating his/her current operation to : _____ from
New Facility Address

the existing location: _____ Existing Facility Address . The date of the

move is _____. Any fees credited to annual operating permit; IW5-_____, should be transferred to the new facility's annual operating permit. the undersigned agrees to cease all operations at the existing facility prior to initiating any operations at the new facility. Further, the undersigned acknowledges that by transferring the permit fees, the operations at the two facilities simultaneously would be a violation of Section 24.18 of the Miami-Dade County Environmental Protection Ordinance and will result in the issuance of a Uniform Civil Violation Notice (UCVN). A Uniform Civil Violation Notice imposes a fine of \$260.00 and doubles the annual operating permit fees.

The existing facility shall be: [] Closed/Vacated [] Sold business to new owner.

Note: Closing or Vacating the existing facility relinquished any grandfatherability rights for this facility. If selling the business, the new owner must submit a recorded bill of sale, an IW5 permit application, and the appropriate IW5 permit fees to this department prior to the facility moving date.

Signature, Owner or Authorized Representative
(Notarization is mandatory)

Typed name and Title

Subscribed and sworn to before me this _____ of day _____ 20 _____

By _____

[] Personally known [] Produced Identification

(Please Check one)

Type of Identification Produced: _____

Notary Public