



Environmental Protection Department  
Air Quality Division

115 South Andrews Avenue Room A-240 • Fort Lauderdale, Florida 33301 • 954-519-1220 • 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 and Title of Owner/Authorized Representative: \_\_\_\_\_

2. Mailing Address:

Organization/Firm: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

3. Telephone Numbers:

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

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, Sec. 27-58.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Name and Title (Please type): \_\_\_\_\_

Updated 11/2007

**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 (registered in Florida) Certification**

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: ( ) \_\_\_\_\_

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. It is also agreed that the undersigned will furnish the applicant with instructions for proper maintenance and operation of equipment covered in this application.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Name and Title (Please type): \_\_\_\_\_

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

**D. Operation/Modification Information:**

Description of Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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, nature and extent of the project and refer to the air pollution control equipment. State whether the project will result in full compliance with applicable regulations. \_\_\_\_\_

Previous EPD Licenses issued: \_\_\_\_\_

Projected equipment operating time: \_\_\_\_\_ hours/day, \_\_\_\_\_ days/week, \_\_\_\_\_ weeks/year  
 If seasonal, describe: \_\_\_\_\_

List air contaminants emitted from each emission point (use a separate sheet as needed):  
 \_\_\_\_\_  
 \_\_\_\_\_

**F. Raw Materials and Chemicals used in the process, if applicable**

**a. Raw Materials** Please complete the following and attach applicable MSD 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      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 flow rate: _____ ACFM
*Applicable for forced draft dust collectors and other exhaust stacks.

## H. Specific Project Information

### a. Silo

Capacity: _____ Usage Rate: _____ Silo loading frequency: _____
Type of air pollution control device: _____ Type of silo: _____

### b. Dust Collector

Type: _____ Manufacturer: _____ Model Number: _____
Horsepower: _____ Filtration System Type: _____ No. of filters or bags: _____
Filter Area (ft <sup>2</sup> ): _____ 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: _____

## 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.

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.

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 EPD, Air Quality Division, 115 South Andrews Avenue Room A-240, Fort Lauderdale, FL 33301. You may contact the Air Quality Division at 954-519-1220 should you have any questions.**