



OPERATING PERMIT APPLICATION
 ST. LOUIS COUNTY DEPARTMENT OF HEALTH
 AIR POLLUTION CONTROL SECTION
 111 S. MERAMEC AVE.
 CLAYTON, MO 63105
 (314) 615-8924

SECTION A – GENERAL INFORMATION

Facility Name:		Date:
Facility Street Address:		Facility Phone No.
City:	State:	Zip:
Facility Mailing Address:		Facility Fax No.
City:	State:	Zip:
Contact Person:	(Last)	(First) Title:

SECTION B – EMISSION INFORMATION

STACK/VENT ID (facility identification number or symbol)	POLLUTANT (particulate, sulfur dioxide, etc...)	EMISSION RATE (tons/year)	BASIS (stack test, fuel content, calculations, etc.)

SECTION C – CERTIFICATION STATEMENT

"I CERTIFY, BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THE INFORMATION IN THIS DOCUMENT IS TRUE, ACCURATE AND COMPLETE."

SIGNATURE OF RESPONSIBLE OFFICIAL OF COMPANY: _____ DATE: _____

OFFICIAL TITLE OF SIGNER: _____ PHONE NO: _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____ FEE PAID: **\$218.00**

APPROVED BY: _____ DATE: _____

APPLICATION NO: _____ PERMIT NO: _____ FACILITY NO: _____



CONSTRUCTION PERMIT APPLICATION
 ST. LOUIS COUNTY DEPARTMENT OF HEALTH
 AIR POLLUTOIN CONTROL SECTION
 111 S. MERAMEC AVE.
 CLAYTON, MO 63105
 (314) 615-8924

SECTION A – GENERAL INFORMATION

Facility Name:		Date:
Facility Street Address:		Facility Phone No.
City:	State:	Zip:
Facility Mailing Address:		SIC Code:
City:	State:	Zip:
Contact Person:	(Last)	(First)
		Title:
CONSTRUCTION TYPE:		
_____ NEW INSTALLATION		
_____ MODIFICATION TO EXISTING INSTALLATION		
_____ EXISTING INSTALLATION (CONSTRUCTED ON ____/____/____)		

SECTION B – PROCESS INFORMATION

PROCESS DESCRIPTION:

PROCESS FUNCTION	MATERIALS PROCESSED	QUANTITY PRODUCED/YEAR	MAXIMUM INPUT RATE

AIR/GAS FLOW INFORMATION:	CONTROL EQUIPMENT INFORMATION
Air Flow (scfm) _____	Type _____
Air Mover _____	Manufacturer: _____
Gas(es) _____	Model: _____
Quantity of Gas Produced (scfm) _____	Rated Capacity (scfm) _____
Air/Gas Temperature: Maximum (°F) _____	Estimated Efficiency (%) _____
Emission Point (°F) _____	

STACK/VENT INFORMATION:

STACK/VENT IDENTIFICAITON	HEIGHT ABOVE GROUND	DIAMETER	DISTANCE FROM NEAREST HIGHER BUILDING

DESIGN DRAWING OF THE PROPOSED INSTALLATION AND A LIST OF CERTIFIED EQUIPMENT MUST BE SUBMITTED WITH THIS APPLICATION.

CONSTRUCTION PERMIT APPLICATION

SECTION C – CERTIFICATION STATEMENT

"I CERTIFY, BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THE INFORMATION IN THIS DOCUMENT IS TRUE, ACCURATE AND COMPLETE."

SIGNATURE OF RESPONSIBLE OFFICIAL OF COMPANY: _____

DATE: _____

OFFICIAL TITLE OF SIGNER: _____

PHONE NO: _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____

FEE PAID: \$655.00

APPROVED BY: _____

DATE: _____

APPLICATION NO: _____

PERMIT NO: _____

FACILITY NO: _____