

Westchester County Department of Health Bureau of Environmental Quality 25 Moore Avenue Mount Kisco, NY 10549

## APPLICATION FOR A PERMIT TO CONSTRUCT OR CERTIFICATE TO OPERATE A SOURCE OF AIR CONTAMINATION

SE	CTION A:		
1.	FACILITY OWNER:		
2.	OWNER CONTACT PERSON:	Email:	Telephone:
3.	OWNER ADDRESS (#, Street, City, State & zip):		
4.	FACILITY NAME:		Telephone:
5.	FACILITY ADDRESS (#, Street, City, State & zip):		
6.	AUTHORIZED AGENT (Engineer):	Email:	Telephone:
7.	AUTHORIZED AGENT ADDRESS (#, Street, City, State & zip):		1
8.	INSTALLER/ CONTRACTOR:	Email:	Telephone:
9.	INSTALLER/CONTRACTOR ADDRESS (#, Street, City, State & zip):		
QE.	CTION B:		
SE	CTION B.		
ΕM	IISSION POINT:	PERMIT NUMBER: _	/4-   £11  :   \
DES	CRIPTION OF PROCESS: (in	clude existing, new or modified equipment):	(to be filled in by agency)
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SECTION C:				
AIR POLUTION CONTROL E	QUIPMENT DESCRIPTION	<u>:</u>		
SECTION D:				
DESIGN DATA				
Attach two (2) original Westch	ester County Department of	Health Application Form B1.		
SECTION E:				
Submit two (2) copies of a consignature, drawing ID number,		nstruction bearing original Profes	ssional Engineer seal and	
This Application is submitted in Laws of Westchester County.	າ accordance with the provis	ions of Chapter 873 Article XIII, S	Section 873.1303.1 of the	
Owners Signatu	ire Date	_		
Professional Engin	eer Date	Professional Engir	neer Seal/Stamp	
_			,	
	DO NOT WRITE BENEATH THIS LINE:  PERMIT TO CONSTRUCT		CERTIFICATE TO OPERATE	
Reviewer:	Date:	Reviewer:	Date:	
For Approval:	Date:	For Approval:	Date:	
Approved By:	Date:	Approved By:	Date:	
SECTION F: Certificate to	Operate			
COMPLETION OF WORKS				
		nodified in accordance with the V al of Plans or approved revisions		
	_			
		Owners Signat	ture Date	