

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. 2.	OWNER OF FACILITY: OWNER ADDRESS (#, Street,City,State & Zip):	Email:	Telephone:
<ul><li>3.</li><li>4.</li></ul>	FACILITY NAME:		Telephone:
<ul><li>5.</li><li>6.</li></ul>	ADDRESS	Email:	
7. 8.	INSTALLER or CONTRACTOR ADDRESS:		Telephone:
EMISSION POINT:		PERMIT NUMBER:	(to be filled in by agency)
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DES	CRIPTION OF PROCESS: (include	de existing, new or modified equipment):	· · · · · · · · · · · · · · · · · · ·
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SECTION C:						
AIR POLUTION CONTROL EQUIPMENT DESCRIPTION:						
SECTION D:						
DESIGN DATA						
Attach one (1) original Westches	ter County Department	of Health Application Form B1 or Form E	32.			
SECTION E:  Submit two (2) copies of a complete set of plans for this construction bearing original Professional Engineer seal and signature, drawing ID number and date.						
Owners Signature	Date	Professional Engineer	Date			
DO NOT WRITE BENE	ATH THIS LINE:	Professional Engineer S	Seal/Stamp			
PERMIT TO C	PERMIT TO CONSTRUCT		CERTIFICATE TO OPERATE			
Reviewer:	Date:	Reviewer:	Date:			
Recommended	Dit	Recommended	D.1.			
For Approval:	Date:	For Approval:	Date:			
Approved By:	Date:	Approved By:	Date:			
SECTION F: Certificate to O	nerate					
COMPLETION OF WORKS	porate					
This source of air contamination		or modified in accordance with the Westc oval of Plans or approved revisions there	,			
Professional Engineer	Seal	Professional Engineer Signature	Date			
		Owners Signature	Date			