

Antelope Valley Air Quality Management District

2551 West Ave H, Suite 102, Lancaster, CA 93536

Phone 661.723.8070

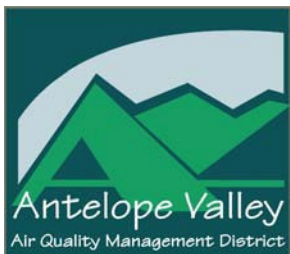
www.avagmd.ca.gov

Application for Dry Cleaning Equipment Only

Please type or print.

Please refer to Rule 301 for Application Filing Fee.

1. Permit to be Issued to (name of company to receive permit):		1a. Federal Tax ID #:	
2. Mailing/Billing Address (for the above company name):			
3. Facility or Business Name on License (for equipment location):			
4. Facility Address/Location of Equipment (if same as company, enter "Same"):		Facility UTM or Lat/Long:	
5. Contact Name and Title:	E-mail Address:	Phone and Fax #^s:	
6. Application is hereby made for the Authority to Construct (ATC) and Permit to Operate (PTO) the following equipment:			
7. Application is for: <input type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		*For modification or change of owner: Current permit #:	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Utility <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. Distances (feet and direction to closest): Fenceline _____ Residence _____ Business _____ School _____			
10. General Nature of Business:		11. Principal Product:	
12. Facility Annual Throughput by Quarters (percent): _____% _____% _____% _____% Jan-Mar Apr-Jun Jul-Sep Oct-Dec		13. Expected Facility Operating Hours: _____/Hrs/Day _____/Days/Wk _____/Wks/Yr _____/Total Hrs/Yr	
14. Do you claim Confidentiality of Data? (If yes, state nature of data in an attachment.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Machine Information: Check One: <input type="checkbox"/> Secondary Control <input type="checkbox"/> Closed Loop <input type="checkbox"/> Converted Closed Loop <input type="checkbox"/> Vented <input type="checkbox"/> Transfer System <input type="checkbox"/> Dip Tank <input type="checkbox"/> Other(specify): _____ Manufacturer: _____ Model #: _____ Serial #: _____ Rated Capacity (pounds): _____ Date of Installation: _____ Drum Fugitive Emissions Control Method (check all that apply): <input type="checkbox"/> Secondary or Fugitive Control System <input type="checkbox"/> Fugitives Vented to Stack <input type="checkbox"/> Fugitives Vented into Room			



Antelope Valley Air Quality Management District

2551 West Ave H, Suite 102, Lancaster, CA 93536

Phone 661.723.8070

www.avagmd.ca.gov

Application for Dry Cleaning Equipment Only

16. Control Device:
 Secondary Control (carbon absorber with refrigerated condenser) Refrigerated Condenser Fugitive Control System Carbon Absorber Other (specify): _____

17. Building:
 Check one:
 Co-residential Co-commercial (no residential) Stand-alone (no other occupants)

Dimensions (in feet): Height Width Length

Shop/cleaning room interior: _____

Building housing machine exterior: _____

Nearby (within 150 feet) building exterior: _____

18. Ventilation:
 Check the most representative:
 Machine is inside vented Vapor Barrier Room Machine is inside vented Isolation Room

Vapor Barrier/isolation Room inside dimensions (feet): Height _____ Width _____ Length _____

Entire shop has ventilation Machine has Local Ventilation System Window fan Natural Ventilation, no fan

If stack is present, is it vertical? Yes No

Stack: Flow (feet³/minute) _____ Height (feet) _____ Diameter (inches) _____

19. Dry Cleaning:
 Maximum annual clothes and materials cleaned (in pounds): _____

Maximum dry cleaning machine usage: hrs/day _____ days/wk _____ wks/yr _____

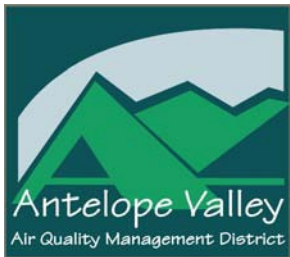
Type of solvent used:
 Perchloroethylene Petroleum Stoddard Valclene (CFC-113) Exxon DF2000 GreenEarth Rynex
 Other (specify): _____

Maximum annual solvent use (in gallons): _____

Wastewater disposition method: License Hauler Evaporator Sewer
 Other (specify): _____

Signature of Responsible Official:		Official Title:
Typed or Printed Name of Responsible Official:	Phone Number:	Date Signed:

For District Use Only			
Application #:	Invoice #:	Permit #:	Company/Facility #:



Antelope Valley Air Quality Management District

2551 West Ave H, Suite 102, Lancaster, CA 93536

Phone 661.723.8070

www.avaqmd.ca.gov

Application for Dry Cleaning Equipment Only

Application Submittal Instructions:

1) Submit completed application to engineering@avaqmd.ca.gov

2) Pay the corresponding application fee via check or credit card

- Payment by check:
 - Make check payable to: Antelope Valley AQMD
 - Mail the check with a copy of this completed application to:
 - Antelope Valley AQMD 2551 West Ave H, Suite 102, Lancaster, CA 93536

- Payment by credit card:
 - Pay online at our website: <http://www.avaqmd.ca.gov>
 - Click "Pay Fees"
 - Please note a surcharge applies for all credit card payments.

If payment is made online via credit card, please email the receipt to engineering@avaqmd.ca.gov.

Should you have any additional questions, please, do not hesitate to contact the permitting division at 661-723-8070, or via email at engineering@avaqmd.ca.gov