

APPLICATION FOR CERTIFICATE/PERMIT TO OPERATE A DRY CLEANING FACILITY

To the Commissioner of Health:

Under the provisions of Chapter 873.1327 of the Laws of Westchester County, this application is hereby made for a Certificate or Permit to Operate a Dry Cleaning Facility in the County of Westchester.

Section A:

Owner: _____
Address: _____
Telephone Number: _____
Facility Name: _____
Address: _____
Telephone Number: _____

Section B: Facility

Type of Facility: Vented _____
(Check One) Non-Vented _____
Fee of \$160.00 submitted Check Number: _____

Workmen's Compensation: _____ Disability: _____
Company: _____ Company: _____
Policy No.: _____ Policy No.: _____
Expiration: _____ Expiration: _____

Section C: Process

Description of Process (include manufacturer's name and type of equipment (e.g.) indicate 3rd or 4th Generation.

Section D: Control equipment Describe air pollution control equipment (carbon absorption, condenser, azeotropic unit), indicate useful life and disposal method.

Section E: Spill Containment, and Vapor Barrier

Section F: Calculations See attached separate sheet

Section G: Emissions

			Emissions (lbs/hr.)		Emissions (lbs/yr.)		
Contaminant Name	CAS Number	Input	%Control Efficiency	ERP	Actual	Limits	Permissible

It is understood and agreed that failure to comply with the terms and conditions of the permit/certificate herein applied for, or with the provisions of the Westchester County Sanitary Code or any applicable municipal, County, State or Federal ordinance, law or regulations, or providing any false misleading statements, shall be cause for the suspension of such permit/certificate by the Commissioner, or the revocation of such permit/certificate by the Commissioner after due Notice and Hearing.

Type or Print Name

Title

Authorized Signature

Date

STATE OF: _____

CITY OF: _____

TOWN OF: _____ COUNTY OF: _____

Sworn to before me this _____ day of _____, 19____

Notary Public, County of Westchester

DO NOT WRITE IN THIS SECTION

PERMIT OR CERTIFICATE TO OPERATE

Recommended
for Approval: _____ Date _____

Reviewed by: _____ Date _____

Approved by: _____ Date _____