

MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT

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Application for dry cleaning equipment only

Remit **\$302.00** with this document (\$172.00 for change of owner)

PLEASE TYPE OR PRINT

Section 1: Owner information

a. Permit to be issued to (company name):		b. Federal tax ID #:	
c. Mailing/billing address (for above company name) include city, state and zip code:			
d. Facility or business license name (for equipment location):			
e. Facility Address — Location of equipment (if same as for company, enter "Same"):		Equip. coordinates (lat/long):	
f. Contact name:	g. Title:	h. Email address:	i. Phone:
j. General nature of business:		k. Principal product:	
Type of Organization <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			

Section 2: Nature of application

Application is hereby made for authority to construct (ATC) and permit to operate (PTO) the following equipment:	
Application is for what type of permit: <input type="checkbox"/> New construction <input type="checkbox"/> Modification <input type="checkbox"/> Change of owner	For modification or change of owner: _____ Current Permit Number
Do you claim Confidentiality of Data? _____ No _____ Yes (attach explanation; specify which information provided is confidential)	

Section 3: Operation information

Facility annual operation by quarters (percent): <input type="checkbox"/> Uniform OR _____ % Jan-Mar _____ % Apr-Jun _____ % Jul-Sep _____ % Oct-Dec	Expected operating hours of equipment _____ Hrs/day _____ Days/wk _____ Wk/yr Total annual hours _____
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Section 4: 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 number: _____
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

Section 5: Control device

<input type="checkbox"/> Secondary control (carbon adsorber with refrigerated condenser) <input type="checkbox"/> Refrigerated condenser <input type="checkbox"/> Fugitive control system <input type="checkbox"/> Dip tank <input type="checkbox"/> Other (specify): _____
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-For District use only-

Application number:	Invoice number:	Permit number:	Company/facility number:
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Section 6: Building information

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	_____	_____	_____

Section 7: 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 general ventilation Machine has local ventilation system Window fan Natural ventilation, no fan

If stack is present, is it vertical? Yes No

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

Section 8: Dry cleaning

Maximum annual clothes and materials cleaned (in pounds): _____

Maximum dry cleaning machine usage: _____ hours/day _____ days/week _____ weeks/year

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: Licensed Hauler Evaporator Sewer Other (specify): _____

Section 9: Receptor information

Distance (feet) and direction to the property line of closest: _____ residence _____ business _____ school

Name of closest school (K-12) _____

If the proposed equipment operates within 1,000 feet of a school site and operation results in the emission of hazardous air pollutants, a public notice will be required at the expense of the applicant (CH&S §42301.6)

***Please note:** District staff may contact you for further information. Failure to provide additional information as requested in a timely manner may result in delays in the processing of this permit application.

Section 10: Certification

I hereby certify that all information contained herein is true and correct.

_____	_____	_____	_____
Name of responsible official	Official title	Signature of responsible official	Date signed
Phone: _____	Email: _____		

Application submission instructions:

- 1) Submit completed application to Engineering@mdaqmd.ca.gov
- 2) Pay the corresponding application fee of \$302 per permit for new or modified permit (or \$172 for change of owner) via check or credit card.

Payment by check:

Make check payable to the Mojave Desert AQMD
Mail the check with a copy of this completed application to:

Mojave Desert AQMD
14306 Park Avenue
Victorville, CA 92392

Payment by credit card:

Pay online at <http://www.mdaqmd.ca.gov>
Click "Pay Fees"

Please note: *a surcharge applies for all credit card payments.*

- 3) If payment is made online via credit card, please email the receipt to Engineering@mdaqmd.ca.gov
Should you have any additional questions, please, do not hesitate to contact the permitting division at 760-245-1661, or via email at engineering@mdaqmd.ca.gov