



PERCHLOROETHYLENE DRY CLEANER

AIR PERMIT APPLICATION FORM

Instructions

All information spaces must be completed in full and mailed along with the appropriate fee to the letterhead address specified on the top right hand corner. Call the Air Facilities Section at 305-372-6925 if there are any questions.

Authorized Representative

Name and Title of Authorized Representative: Name: _____ Title: _____ Telephone: _____ Fax: () _____
Authorized Representative Mailing Address: Organization/Firm: _____ Street Address: _____ City: _____ County: _____ Zip Code: _____
Facility Information: Facility Name: _____ Street Address: _____ City: _____ Zip Code: _____

Owner/Authorized Representative Statement:

I, the undersigned, am the owner or authorized representative addressed in this Air Permit Application. I hereby certify that the statements made in this application are true, accurate and complete. Further, I agree to operate and maintain the facility so as to comply with all applicable standards for control of air pollutant emissions found in Chapter 24, Environmental Protection, of the Code of Miami-Dade County, Florida, and the statutes of the State of Florida and rules of the Department of Environmental Protection. I understand that a permit if granted by the RER cannot be transferred without authorization from the RER and I will promptly notify the RER upon sale or legal transfer.

Signature

Date

