



**APPLICATION FOR PERMIT TO OPERATE
 A POLLUTION CONTROL FACILITY**

Applicant's Name and Title: _____

Applicant's Address: _____ Telephone No.: _____

Please attach a check in the of \$ _____ made payable to "Miami-Dade County". This fee amount is based on the fee schedule approved by the Board of County Commissioners.

The undersigned owner or authorized representative of _____

is fully aware that the statements made in this application for an operating permit are true, correct, and complete to the best of his/her knowledge and beliefs. Further, the undersigned agrees to maintain and operate the pollution source and pollution control facility in such a manner as to comply with provisions of Chapter 24 of the Code of Miami-Dade County and all the rules and regulations of the department. The undersigned person also understands that a permit, if granted by the department, will be non-transferable and that he/she will promptly notify the department upon sale, change of location, or legal transfer of the permitted facility.

ATTACHED LETTER OF AUTHORIZATION

 Signature, Owner or Authorized Representative
 (Notarization is **mandatory**)

 Type Name and Title

Sworn to and subscribed before me this _____ day of _____ 20 _____

By _____

Personally known or Produced Identification
 (Please check one)

Type of Identification Produced: _____

 Notary Public



**APPLICATION FOR IW5 PERMIT
 TO OPERATE INDUSTRIAL AND COMMERCIAL POTENTIAL SOURCE OF POLLUTION**

1. Date: _____ 2. Name of Company: _____

3. Business Address/Location: _____

City: _____ Zip: _____ 4. Bay/Suite#: _____

5. Property Folio No.: _____ (For Folio Information contact the Property Appraiser Dept. at 305-375-4070)

6. Type of Business: _____ 7. Telephone No.: _____

8. Owner/Authorized Person: _____ 9. Title: _____

10. Mailing Address: _____

City: _____ State: _____ Zip _____

11. Night Emergency Phone No.: _____

12. Other DERM Permit(s) No(s): _____ 13. Hours of Operation: _____

COPY OF MOST RECENT WATER BILL MUST BE PROVIDED AND MIA-DADE COUNTY CERTIFICATE OF USE OR MUNICIPAL OCCUPATIONAL LICENSE

14. New (unused) Materials Storage

(check one or more)	Quantity Stored	Storage Method
Antifreeze/Coolant		
Chlorine		
Diesel Fuel		
Dry Cleaning Liquids		
Film Processing Chemicals		
Gasoline		
Inks		
Oils		
Pesticides		
Solvents		
Transmission Fluid		



15. Waste Hauler Information

Type of Waste	Storage, Treatment, Containment, or Disposal Device	Dimensions and Descriptive Data	* Name/Address Waste Hauler	Frequency
Oil				
Oil Filters				
Coolant/Antifreeze				
Batteries				
Parts Washer(s)				
Solvents/Paints				
Rags				
Dry Cleaning Liquid/Filters				
Carburetor Cleaner				
Film Processor Waste				
Silver Recovery Cartridge/ Canister				
Bio-Hazardous				

*** LIST OF PERMITTED WASTE HAULERS ARE AVAILABLE UPON REQUEST. PLEASE PROVIDE COMPLETE AND ACCURATE INFORMATION.**

 Owner or Authorized Official (Please Print)

 Title

 Signature

Date: _____

NOTE: THE INFORMATION REQUESTED MUST BE FILLED IN COMPLETELY AND ACCURATELY IN ORDER FOR THE PERMIT APPLICATION TO BE PROCESSED

FOR OFFICE USE ONLY

CK: _____ Date: _____ FOC: _____ WELLFIELD CODE: _____ FILE: _____
 AMT: _____ PSC: _____ SIC: _____ IW5- _____ COMMENTS: _____