

KNOX COUNTY DEPARTMENT OF AIR QUALITY MANAGEMENT

FORM APC-11
(PLEASE TYPE OR PRINT)

SPRAY BOOTH
PERMIT APPLICATION

1. BUSINESS LICENSE NAME OF CORPORATION, COMPANY, INDIVIDUAL OWNER, OR GOVERNMENTAL AGENCY UNDER WHICH APPLICATION IS SUBMITTED:

2. ADDRESS OF OPERATION:

STREET

CITY, STATE, ZIP

3. BOOTH NUMBER: _____

4. BOOTH DIMENSIONS: _____ WIDE X _____ HIGH X _____ DEEP

5. EXHAUST FAN VOLUME: _____ CFM

6. VENT HEIGHT FROM GROUND _____ FT

7. OPERATING SCHEDULE:

A. HOURS PER DAY _____ B. DAYS PER WEEK _____ C. WEEKS PER YEAR _____

D. INDICATE PERCENT OF YEARLY OPERATION THAT OCCURS DURING THE FOLLOWING QUARTERS (TOTAL MUST BE 100%):

DEC-JAN-FEB	MAR-APR-MAY	JUN-JUL-AUG	SEP-OCT-NOV

8. EXHAUST CONTROL:

WATERWASH
 EXHAUST FILTERS
 BAFFLES
 NONE

9. METHOD OF SPRAYING:

AIR ATOMIZATION
 AIRLESS
 ELECTROSTATIC

10. NAME ALL TYPES OF COATINGS SPRAYED:

NAME	DENSITY LBS/GAL	USAGE GAL/DAY	THINNER ADDED GAL/DAY	THINNER TYPE	THINNER DENSITY LBS/GAL

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11. COMPLETE ITEMS 1, 2, & 3 IN THE TABLES BELOW:

POLLUTANT	1.	POTENTIAL EMISSIONS		ALLOWABLE EMISSIONS	
	PRESENT	LB/HR	TONS/YR	LB/HR	TONS/YR
PARTICULATE					
SULFUR DIOXIDE					
NITROGEN OXIDES					
HYDROCARBONS					
CARBON MONOXIDE					

POLLUTANT	2. ACTUAL EMISSIONS		3. * METHOD OF MEASUREMENT
	LB/HR	TONS/YR	
PARTICULATE			
SULFUR DIOXIDE			
NITROGEN OXIDES			
HYDROCARBONS			
CARBON MONOXIDE			

* ATTACH A COPY OF THE TEST PROCEDURE, PROCESS MATERIAL BALANCE STUDY OR OTHER BASIS USED AS METHOD OF MEASUREMENT.

11. SIGNATURE OF RESPONSIBLE MEMBER OF YOUR FIRM:

TYPE OR PRINT NAME AND OFFICIAL TITLE OF PERSON SIGNING APPLICATION:

TELEPHONE: _____ FAX: _____ DATE OF APPLICATION: _____
