

# SURFACE COATING OPERATIONS AIR GENERAL PERMIT REGISTRATION FO

PROGRAM

2009 MAY 13

Part II. Notification to Permitting Office

(Detach and submit to appropriate permitting office; keep copy onsite)

Instructions: To give notice to the Department of an eligible facility's intent to use this air general permit, the owner or operator of the facility must detach and complete this part of the Air General Permit Registration Form and submit it to the appropriate Department of Environmental Protection or local air pollution control program office which has permitting authority. Please type or print clearly all information, and enclose the appropriate air general permit registration processing fee pursuant to Rule 62-4.050, F.A.C. (\$100 as of the effective date of this form)

	Registration Type U112773 UUC
	Check one:
-	INITIAL REGISTRATION - Notification of intent to:
	Construct and operate a proposed new facility.
aloq	Operate an existing facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit).
econ	RE-REGISTRATION (for facilities currently using an air general permit) - Notification of intent to:  Continue operating the facility after expiration of the current term of air general permit use.  Continue operating the facility after a change of ownership.  Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C., or any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.
TIEN	Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C., or any
AR. VER	other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.
19.00 CA.	Surrender of Evisting Air Operation Permit(s) - For Initial Registrations Only
75 25 18	Attable C.: iii
SER SUIT	Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only  If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. In such case, check the first box, and indicate the operation permits being surrendered. If no air operation permits are held by the facility, check the second box.
	All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s):
	No air operation permits currently exist for this facility.
1	General Facility Information
	Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases,
	operates, controls, or supervises the facility.)
	ALPAINT AND BODY AJD LLC
	Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a registration form must be completed for each.)
رحا	Al PAINT AND BODY
ŀ	Facility Location (Provide the physical location of the facility, not necessarily the mailing address.)
	Street Address: 5340 W. STATE RD. 84 #5 City:  City:  Zip Code:
	DAVIE BROWARD 33319
	Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility)

DEP Form No. 62-210.920(1)(c) Effective: January 10, 2007

Owner/Authorized Representative			·		
Name and Position Title (Person who, by	signing this form	n below, certifies th	nat the facility is eligible to use this		
air general permit.)			·		
Print Name and Title:		· ·			
DENNIS	HOMAN	) OWN	ER		
Owner/Authorized Representative Mailing	g Address				
Organization/Firm: AI PAINT A	ND 130DY	_			
Organization/Firm: AI PAINT A. Street Address: 5340 W. STATE R.	1084 #5	•			
City: DAVIE	County: 13	nou and	Zip Code: 33314		
Owner/Authorized Representative Telepho	one Numbers				
Telephone: 954 327 7327	_	Fax: 954	327 7328		
Cell phone (optional): Q V 602-6	90				
Facility Contact (If different from Own	er/Authorized F	Representative)			
Name and Position Title (Plant manager of			day-to-day operations at the facility	/.)	
Print Name and Title:	•	5 5	J 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
Facility Contact Mailing Address					
Organization/Firm:	•				
Street Address:			·		
City:	County:		Zip Code:	و المحمد الم	
Facility Contact Telephone Numbers					
Telephone:		Fax:			
Cell phone (optional):		•		•	
<u> </u>					
Owner/Authorized Representative State	ment				
This statement must be signed and dated b	y the person nan	ned above as owne	r or authorized representative		
I, the undersigned, am the owner or a	uthorized repres	entative of the own	ner or operator of the facility		
addressed in this Air General Permit Registration Form. I hereby certify, based on information and					
belief formed after reasonable inquiry, that the facility addressed in this registration form is eligible for					
use of this air general permit and that	the statements n	nade in this registr	ation form are true, accurate		
and complete. Further, I agree to ope					
as to comply with all applicable standards for control of air pollutant emissions found in the statutes of					
			ction and revisions thereof.		
the blute of Pioriua and Putes of the D	epartment of En	vii oriineniai 1 roie			
			•		
I will promptly notify the Department			•		
			•		
I will promptly notify the Department form.			•		

DEP Form No. 62-210.920(1)(c) Effective: January 10, 2007

Signature

Date

# Material Usage Rates

If this is an **initial registration** for a surface coating operation, provide an estimate of the average quantity of volatile organic compounds in all coatings (solvents and thinners) expected to be used on a daily basis.

APPROXIMATELY & pounds per DAY (CUMENTRY)
SHOULD BE 5 POUNDS WITHIN 120 DAMS

If this is a **re-registration** for an existing surface coating operation, provide the highest monthly average of the daily quantity of volatile organic compounds in all coatings (solvents and thinners) used in the last five years. Indicate the month and year during which this usage occurred.

### **Description of Facility**

Below, or as an attachment to this form, provide a description of the surface coating operations at the facility in sufficient detail to demonstrate the facility's eligibility for use of this air general permit and to provide a basis for tracking any future equipment or process changes at the facility. Describe all air pollutant-emitting processes and equipment at the facility, and identify any air pollution control measures or equipment used.

THIS IS AN AUTO PAINT & BODY SHAP WHICH WILL USE THINNER AND PAINT TO PREFINISH AUTO 9 LIGHT TRUCKS. EMISSIONS AND CONTROLLED BY CONSPROY BOOTH INSPECTED BY FIRE PROTECTION GYSTEM ON 2/20/09

# Dibble, Dickson

From:

dflhoman@aol.com

Sent:

Monday, June 01, 2009 9:55 PM

To:

Dibble, Dickson

Subject:

A1 PAINT AND BODY AIR GENERAL PERMIT

Attachments:

img001.jpg; img002.jpg

Hello Mr. Dibble,

Please see attached corrected copies of the Air General Permit Registration Form. (page # 5 and # 7)

Thank you for your courtesy and patience.

Best regards,

Dennis Homan

A Good Credit Score is 700 or Above. See yours in just 2 easy steps!

\* ADDENDUM TO APPLICATION KEAD TRATTON
FORM DATED 05/26/09.

PPRAQD SURFACE COATING OPERATIONS OF AIR GENERAL PERMIT REGISTRATION FORM SHALITY PROGRAM

Part II. Notification to Permitting Office

(Detach and submit to appropriate permitting office; keep copy onsite)

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Registration Type 0116773-003					
Check one:					
INITIAL REGISTRATION - Notification of intent to:					
Construct and operate a proposed new facility.					
Operate an existing facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit).					
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General Facility Information					
Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)  AUD LLC					
M					
Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a registration form must be completed for each.)					
A PAINT AND BODY Facility Location (Provide the physical location of the facility, not necessarily the mailing address.)					
Facility Location (Provide the physical location of the facility, not necessarily the mailing address.)					
Street Address: 5340 W. STATE RD. 84 #5 City: County: STROWARD Zip Code: 33314					
Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility)					
·					

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SHOULD BE I POUND WITHIN 120 DAYS ON ...

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# Apply Priority Mail Postage Here







32315



\$4.95

A 1 PAINT AND BODY 5340 WEST STATE ROAD 84 \$5 DAVIE TOL 33314

> FDEP RECEIPTS POST OFFICE BOX 3070 TAMANASSEE, FL 32315-3070