

**SURFACE COATING OPERATIONS
AIR GENERAL PERMIT REGISTRATION FORM**

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Bureau of Air Monitoring
& Mobile Sources

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)

0112 494-003

Registration Type

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).

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.

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):
112 494-002-AG
- No air operation permits currently exist for this facility.

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.)

MAROONE CHEVROLET, 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.)

Facility Location (Provide the physical location of the facility, not necessarily the mailing address.)

Street Address: 8600 PINES BLVD

City: PEWROKE PINES

County: BROWARD

Zip Code: 33024-6534

Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility)

Owner/Authorized Representative

Name and Position Title (Person who, by signing this form below, certifies that the facility is eligible to use this air general permit.)

Print Name and Title: VERONICA FARR
CONTROLLER

Owner/Authorized Representative Mailing Address

Organization/Firm: MARONE CHEVROLET, LLC

Street Address: 8600 PINES BLVD

City: PEMBROKE PINES

County: BROWARD

Zip Code: 33024-6534

Owner/Authorized Representative Telephone Numbers

Telephone: 954-447-2145

Fax: 954-433-5916

Cell phone (optional):

Facility Contact (If different from Owner/Authorized Representative)

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title: BILL CONDRON

Facility Contact Mailing Address

Organization/Firm: MARONE CHEVROLET, LLC

Street Address: 8600 PINES BLVD

City: PEMBROKE PINES

County: BROWARD

Zip Code: 33024-6534

Facility Contact Telephone Numbers

Telephone: 954-433-3300 X 3374

Fax:

Cell phone (optional):

Owner/Authorized Representative Statement

This statement must be signed and dated by the person named above as owner or authorized representative

I, the undersigned, am the owner or authorized representative of the owner 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 made in this registration form are true, accurate and complete. Further, I agree to operate and maintain the facility described in this registration form so as to comply with all applicable standards for control of air pollutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof.

I will promptly notify the Department of any changes to the information contained in this registration form.

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.

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.

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MAIL

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U.S. POSTAGE
PAID
PERMIT NO. 1155
33024
APR 28, 2010
AMOUNT

\$18.30
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Post Office To Addressee



EG 115905221 US

Label 11-B, March 2004

ORIGIN (POSTAL SERVICE USE ONLY)			
PO ZIP Code 33024	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$ 18.30	
Date Accepted 4/28/10	Scheduled Date of Delivery 4/29/10	Return Receipt Fee \$	
Mg. Day Year 4/28/10	Scheduled Time of Delivery <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COD Fee \$	Insurance Fee \$
Time Accepted 0910	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$ 18.30	
Flat Rate <input type="checkbox"/> or Weight lbs. 3 ozs. 025	Int'l Alpha Country Code	Acceptance Emp. Initials 123	

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt Mo. Day 4/29	Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature <i>[Signature]</i>
Delivery Attempt	Time	Employee Signature
Mo. Day	Time	Employee Signature
Delivery Date	Time	Employee Signature
Mo. Day	Time	Employee Signature

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT **WAIVER OF SIGNATURE (Domestic Mail Only)**
 Express Mail Corporate Acct. No. Additional merchandise insurance is void if customer requests waiver of signature.
 I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

Federal Agency Acct. No. or Postal Service Acct. No.

NO DELIVERY

Weekend Holiday Mailer Signature

FROM: (PLEASE PRINT) PHONE (**954-433-3350**)

Maahone CHEV
8000 Pines Blvd
Pembroke Pines, FL 33024

TO: (PLEASE PRINT) PHONE ()

FLA DEP
POBOX 3070
TALLAHASSEE, FL

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)
32315+

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**Maroone Chevrolet
of Pembroke Pines**

8600 Pines Boulevard

Pembroke Pines, FL. 33024

P. O. Box 848480

Pembroke Pines, FL. 33084

