

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

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

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.

0112638-002

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.

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.)

Rick Hasslinger

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.)

City Furniture - Distribution Center

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

Street Address: *6701 North Hiatus Road*

City:

Tamarac

County:

Broward

Zip Code:

33321

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:

Rick Hasslinger - Facility Manager

Owner/Authorized Representative Mailing Address

Organization/Firm: *City Furniture*

Street Address: *6701 North Hiatus Road*

City: *Tamarac*

County: *Broward*

Zip Code: *33321*

Owner/Authorized Representative Telephone Numbers

Telephone: *(954) 597-2200*

Fax: *(954) 597-2209*

Cell phone (optional): *(954) 730-2288*

500-863-5110

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:

David Sapirman - Senior Operations Manager

Facility Contact Mailing Address

Organization/Firm: *City Furniture*

Street Address: *6701 North Hiatus Road*

City: *Tamarac*

County: *Broward*

Zip Code: *33321*

Facility Contact Telephone Numbers

Telephone: *(954) 597-2200*

Fax: *(954) 718-3329*

Cell phone (optional): *(954) 740-0499*

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

4-3-09
Date

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: Rick Hasslinger - Facility Manager

Owner/Authorized Representative Mailing Address

Organization/Firm: City Furniture
Street Address: 6701 North Hiatus Road
City: Tamarac County: Broward Zip Code: 33321

Owner/Authorized Representative Telephone Numbers

Telephone: (954) 597-2200 Fax: (954) 597-2209
Cell phone (optional): (954) 733-2209

500-8835110

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: David Seelman - Senior Operations Manager

Facility Contact Mailing Address

Organization/Firm: City Furniture
Street Address: 6701 North Hiatus Road
City: Tamarac County: Broward Zip Code: 33321

Facility Contact Telephone Numbers


Telephone: (954) 597-2200 Fax: (954) 718-3329
Cell phone (optional): (954) 740-0499

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.

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Signature

4-3-09
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.

11.64 Total VOCs per day January 2009

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.

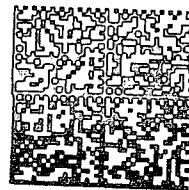
See Attached

Description of Facility:

The surface coating operation at this facility consists of the spraying of Satin Clear Lacquer, and Flat Clear Lacquer as a sealing coat on furniture surfaces. The process is conducted in a stationary enclosed TBI Industrial Spray Booth with a DeVilbiss Clean Air Ventilation System. The air is pulled through a filtered exhaust system located above the spray booth which leads to the roof. Additionally, the walls of the spray booth are lined with airflow (AFR-1) filters. Retarder and Mineral Spirits are also used during the furniture refinishing process.



6701 North Hiatus Road | Tamarac, FL 33321 | www.cityfurniture.com



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Hasler

Mailed From 33321
US POSTAGE

FDEP
Receipts
P.O. Box 3070
Tallahassee, FL 32315-3070

323153070 BOSS

