



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

September 10, 2008

Mr. Frank Panzarino
Residential Elevators, Incorporated
20 Residential Drive
Crawfordville, Florida 32327

Dear Mr. Panzarino:

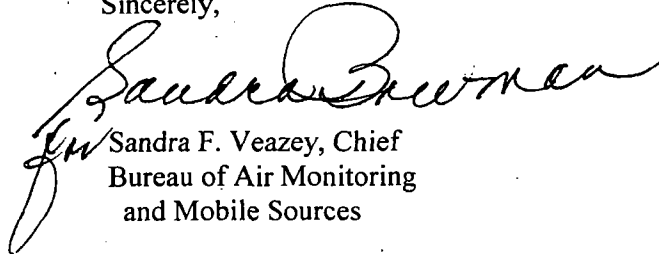
This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on August 8, 2008. We have assigned ARMS No. 1290099-001 to this facility.

As you know, pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

If you have any additional questions, please contact Dickson Dibble at 850/921-9586.

Sincerely,



Sandra F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg

cc: Mr. Armando Sarasua, Northwest District

**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)

1290099-001

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): _____
- 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.)

Residential Elevators Inc.

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.)

REI Plant

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

Street Address: 20 Residential Dr

City: Cantonville FL County: Wakulla Zip Code: 32327

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

N/A

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: Frank Panzarino Plant Manager		
Owner/Authorized Representative Mailing Address Organization/Firm: Residential Elevators Inc. Street Address: 20 Residential Dr City: Crawfordville FL County: Wakulla Zip Code: 32327		
Owner/Authorized Representative Telephone Numbers Telephone: 850 926-6022 Fax: 850 926 5319 Cell phone (optional): NA		

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: Frank Panzarino Plant Manager		
Facility Contact Mailing Address Organization/Firm: Residential Elevators Inc Street Address: 20 Residential Dr City: Crawfordville FL County: Wakulla Zip Code: 32327		
Facility Contact Telephone Numbers Telephone: 850 926 6022 Fax: 850 926 5319 Cell phone (optional): NA		

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: 8-1-08

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.

Averaged monthly for 2007 31.7 lbs per Day

This was based upon 5 Day work week 260 Day Year

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.

See Attached.

RESIDENTIAL ELEVATORS

Facility surface coating description:

The manufacturing activities at our facility encompass the drilling, sizing, and finishing of plywood sheets to fabricate a cab for a residential elevator.

The surface coating portion of our facility consists of the sealing and lacquering of plywood veneers for the cabs associated with our product and some light metal painting.

The only air emissions produced by this process are from the sealing and finishing of some of these plywood sheets and metal parts. We utilize a completely enclosed paint booth with complete filtration and filtered exhaust. Employees are fitted with the applicable respirators and filters. The lacquer being utilized is: Product number, T70FT1. Product name, Sher-Wood Hi Build Lacquer, medium rubbed effect. Manufacturer Name, Sherwin Williams Company. The sealer being utilized is: Product number, T60FT2. Product name, Sher-Wood Hi Build lacquer sanding sealer. Manufacturer name Sherwin Williams Company. The material is applied in our paint room using applicable filters. We do not have any air emissions from material transfer or storage. We do not have any air emissions from combustion of any type.

REI utilizes a significant amount of pre finished material in its operation reducing the need for spraying.

Further inquiries can be directed to REI.

Respectfully,
Frank Panzarino
Plant Manager
Residential Elevators Inc.
(850) 926 6022 ext. 222
Frank@residentialelevators.com

Erin,

Check for 100.00 made payable to FDEP to be sent with application to:

FDEP Receipts
PO Box 307
Tallahassee Fl, 32315-3070

*Brenda -
cut check &
return all to
me. EE*

Thanks,

fp

Florida Department of Environmental Protection
 Cash Receiving Application (CRA)
 Cashlisting by Deposit #: 291075 thru 291075
 Printed: 8/8/2008 2:48:24 PM - Page 7

Cashlisting: 70217 Cashlist Area: 3755 Description: DIV OF AIR RESOURCES MGMT.
 Deposit No: 291075 Date Deposited: 08/08/2008 Contact: E. WALKER

Object	Transmittal	Dep.DDN	Receipt Number	Pre-Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund	Grant	
002272	49922	485030	633552		NAPLES FUNERAL HOME INC.	2323	\$100.00		894898	792242	PFTF		
Object Code 002272 Subtotal:							\$100.00						
002275	49934		633595		RESIDENTIAL ELEVATORS, INC.	14171	\$100.00		894912	792296	APCTF		
Object Code 002275 Subtotal:							\$100.00						
Cashlisting 70217 Total:							\$200.00						

2272
 PRS

1290099-001
 8/14/2008-SC

RESIDENTIAL ELEVATORS, INC.
P.O. BOX 1298
CRAWFORDVILLE, FL 32326
PH. (850) 926-6022

BRANCH BNKG AND TRUST COMPANY
TALLAHASSEE, FL
63-9138/2631

14171

8/1/2008

PAY TO THE ORDER OF FDEP

\$**100.00

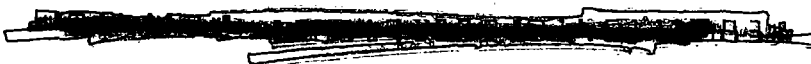
One Hundred and 00/100***** DOLLARS

FDEP Receipts
P.O. Box 307
Tallahassee, FL 32315-3070

VOID AFTER 120 DAYS

Di'Arce

MEMO Air General Permit Registration



RESIDENTIAL ELEVATORS, INC.
FDEP

Air General Permit Registration

8/1/2008

14171

100.00

2009 AUG -8 7:10:48

BB&T1 Operating Acc Air General Permit Registration

100.00

RESIDENTIAL ELEVATORS, INC.

14171

FDEP

Air General Permit Registration

8/1/2008

100.00

PAYMENT RECORD

BB&T1 Operating Acc Air General Permit Registration

100.00



© 2005 INTUIT INC. # 785 1-800-433-8310

RESIDENTIAL ELEVATORS, INC.

14171

FDEP

8/1/2008

Air General Permit Registration

100.00

2009 AUG -8 AM 10:48
TOLSON, ACCOUNTING
REVENUE

BB&T1 Operating Acc Air General Permit Registration

100.00

RESIDENTIAL ELEVATORS, INC.

14171

FDEP

8/1/2008

Air General Permit Registration

100.00

PAYMENT
RECORD

BB&T1 Operating Acc Air General Permit Registration

100.00