



Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Colleen M. Castille
Secretary

July 5, 2005

Mr. Felix Maldonado
Intercontinental Hotel Miami
100 Chopin Plaza
Miami, Florida 33131

Re: Facility No.: 0250956-003

Dear Mr. Maldonado:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 17, 2005.

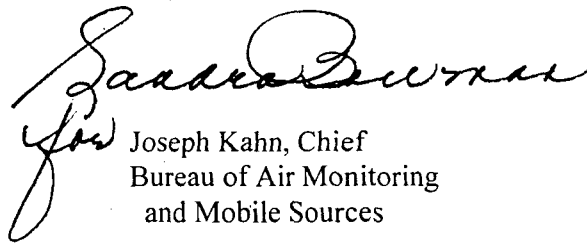
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,



Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Miami-Dade County

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES 197-2004
NO ACTIVITY FOR FACILITY.....
SOC REPORTS 4.....
COMP. STATUS - SNC MNC IN
5/04/2004



Florida
Department of
Environmental Protection

Jeb Bush
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David Struhs
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: 3/13/06
TO: Antonieta deiva (Inter-Continental Hotels)
PHONE: (305) 574-1000 FAX: (305) 374-3351
ext. 4926
FROM: Sandy Bowman PHONE: (850) 921-9583
MOBILE SOURCE CONTROL SECTION FAX: 850.922.6979

RE: _____

CC: _____

Total number of pages including cover sheet: 2

Message

Finance & Accounting Cash Receiving
Showing \$ 50.00 payment for
Tittle V general permit annual operations
fee.

If there are any problems with this fax transmittal, please call the above phone number.

Print-Formatted

**Florida Department of Environmental Protection
Cash Receiving Application (CRA)
Payment Transaction Detail Report**

Check Number: 030003716 Cashlist Area: 3755% Fund: Name:
Deposit Date Between 12/10/2005 and 03/10/2006
Cashlisting Number Between and
Object Code Between and
Printed: 3/13/2006 1:05:18 PM - Page 1

Fund: **APCTF** Object: **002273** Org Code **37550101000** Samas Acct #: **202035001**

Payment Amount	DDN	Receipt Number	PNR	Name	Deposit Date	Check Number	Deposit Number	Cash Listing Number	Cas List Are
\$50.00		534985		INTER-CONTINENTAL HOTELS AND RESORTS	03-08-2006	030003716	261489	54180	375
\$50.00		Object Code 002273 Subtotal							
\$50.00		Fund APCTF Subtotal							
\$50.00		Grand Total							



INTERCONTINENTAL
MIAMI

RECEIVED
MAR 13 2006
Bureau of Air Mail
& Mobile Services

FACSIMILE TRANSMITTAL SHEET

TO: SANDRA BOWMAN
ENVIRONMENTAL PROTECTION

FROM MARIA ANTONIETA LEIVA

DATE: 03/13/06

FAX NUMBER:
(850)922-6979

TOTAL NO. OF PAGES INCLUDING
COVER: 6

PHONE NUMBER:
305-372 4425

FAX NUMBER:
305-374 3351

X URGENT X FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

Hi Sandra,

GOOD MORNING!

This is in reference to our tel. Conversation this morning. Attach is the documentation & copy of the check I sent in DHL WAY BILL: 29965692654 and delivery signature detail. The front and back of the Check we have requested to Atlanta, our corporate offices. Please allow 24 hours to receive the copy. Thank you very much and have a nice day.



INTERCONTINENTAL.

MIAMI

February 16, 2006

**DEPARTMENT OF
ENVIRONMENTAL PROTECTION
Twin Towers Office Building
2600 Blair Stone Road MS 5510
Tallahassee, FL 32399-2400**

REF.: HOTEL INTERCONTINENTAL MIAMI

To Whom It May Concern:

**Please find enclosed check #030003716, amount of \$50.00 for the use of a Title V
Air General Permit. AIRS ID# 250956.**

Should you have any further questions, please contact me at: tel. (305)372-4425.

Yours truly,

A handwritten signature in black ink, appearing to read 'L. Butchart-Lividini'.

**Lilian G. Butchart-Lividini
Financial Controller**

We KNOW WHAT IT TAKES™

243



INTER-CONTINENTAL
HOTELS AND RESORTS

DTRS MA/CP SUB, LLC MIAMI
PROCURE TO PAY
11580 GREAT OAKS WAY
ALPHARETTA, GA 30022

NET AMOUNT
*****\$50.00

6201000357

DEPARTMENT OF ENVIRONMENTAL

AS OF 02/08/2006

CHECK 030003716

VOUCHER NUMBER	INVOICE NUMBER	INVOICE DATE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
00010423	18229020808461	02062006	50.00	.00	50.00
ANNUAL OPERATION FEE AIRS ID #250956			AIR POLLUTION		
TOTALS			50.00	.00	50.00

100871 (01/02)

~~THIS CHECK IS VOID WITHOUT A COLORED BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WATERMARK.~~

DTRS MA/CP SUB, LLC MIAMI
PROCURE TO PAY
11580 GREAT OAKS WAY
ALPHARETTA, GA 30022



INTER-CONTINENTAL
HOTELS AND RESORTS

SunTrust Bank
P O BOX 4418
ATLANTA, GA 30302

64-79
611

DATE

CHECK NO.

Void After 180 Days
NET AMOUNT

02/08/2006

030003716

*****\$50.00

PAY *Fifty And No/100 Dollars*



DEPARTMENT OF ENVIRONMENTAL
PROTECTION
PO BOX 3070
TALLAHASSEE, FL 32315-3070

243

President, The Americas

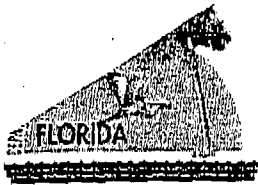
SVP, Americas Finance

[Signature]
[Signature]

Authorized Signature

TO THE
ORDER OF





Department of Environmental Protection

Jeb Bush
Governor

Division of Air Resource Management
2600 Blair Stone Road, MS 5510
Tallahassee, Florida 32399-2400

Colleen M. Castille
Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

**Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070**

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 250956 1st
HOTEL INTERCONTINENTAL
MIAMI
100 Chopin Plaza
MIAMI, FL 33131

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Print waybill

View pending shipments

Create new shipment

Using a photocopy could delay the delivery of your package and will result in additional shipping charge
For Tracking, please go to www.dhl-usa.com or call 1-800-225-5345
Thank you for shipping with DHL

DO NOT PHOTOCOPY
Please fold or cut in half

		EXP+		Parcels: 1/1	
FROM: HO TEL INTERCONTINENTAL		ORIGIN: OBE		Sender's ref.	
M. LEIVA MIAMI 100 CHOPIN PLAZA MIAMI, FL 33131		POSTCODE: 32399		Tel: 850-921-7744	
TO: DEPT. OF ENVIRONMENTAL PROTECTION		Time: 10:30			
THOMAS BRUCE 2600 BLAIR STONE ROAD, MS 5510 DIVISION OF AIR RESOURCE MANAGEMENT TALLAHASSEE, FL 32399 UNITED STATES		Description: DOCUMENTS			
		Weight: Letter Date: 2006-02-16			
		DHL standard terms and conditions apply.			
		  TLHT 6Z FSC			
		 (ZL)JUS32399 WAYBILL: 29955692654 (Non-Negotiable)			



DHL USA Home DHL Global



Delivery Signature Detail

Welcome back, maria a. leiva

- ▶ View DHL.com profile
- ▶ View Online Billing account

▶ Logout

Track

- ▶ Track by number
- ▶ Track by reference
- ▶ Get delivery signature
- ▶ Track DHL Same Day service

Tracking Delivery Signature details... Tracking Number 29965692654

▶ Help

New to DHL?

Registration is quick and easy. And as a registered user, you'll have access to services and tools to help you ship your packages easily and efficiently.

▶ Register Now

Tracking summary

Current Status **✓ Shipment Delivered**

Delivered on 2/17/06 9:26 am

Delivered to Receptionist

Signed for by **T HERRING** Help me with the signed by codes

Signature



Receiver Information

DEPT. OF ENVIRONMENTAL PR
Tallahassee, FL 32309
United States

Tracking detail provided by DHL: 3/10/2006 1:19:32 PM

View Tracking Detail

E-mail Delivery Signature

Track new shipment

You are authorized to use DHL tracking systems solely to track shipments tendered by or for you to DHL. Any other use of DHL tracking systems and information is strictly prohibited.

RECEIVED

MAR 13 2006



INTERCONTINENTAL
MIAMI

Bureau of Air Monitoring
& Mobile Sources

FACSIMILE TRANSMITTAL SHEET

TO: SANDRA BOWMAN

FROM MARIA ANTONIETA LEIVA

COMPANY: ENVIRONMENTAL
PROTECTION

DATE: 03/13/06

FAX NUMBER:
(850)922-6979

TOTAL NO. OF PAGES INCLUDING
COVER: 3

PHONE NUMBER:
305-372 4425

RE: CHECK INQUIRY

FAX NUMBER:
305-374 3351

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

Dear Ms. Bowman,

Upon your request this morning. Please find enclosed front and back of the check No. 030003716 for \$50.00 fees for use of Title V Air General Permit. AIRS id # 250956. Check was deposited to State Treasurer of FL Dept. of Environmental Protection. Thank you

THIS CHECK IS VOID WITHOUT COUPON, BACKGROUND AND AN AUTHENTIC WATERMARK ON THE BACK. HOLD AT ANGLE TO VIEW WATERMARK.

DTRS MA/CP SUB, LLC MIAMI
PROCURE TO PAY
11500 GREAT OAKS WAY
ALPHARETTA, GA 30022



INTER-CONTINENTAL
HOTELS AND RESORTS

SunTrust Bank
P O BOX 4418
ATLANTA, GA 30302

64-79
611

DATE	CHECK NO.	NET AMOUNT
02/08/2006	030003716	*****\$50.00

Void After 180 Days

PAY *Fifty And No/100 Dollars*



TO THE
ORDER OF

DEPARTMENT OF ENVIRONMENTAL
PROTECTION
PO BOX 3070
TALLAHASSEE, FL 32315-3070

243

President, The Americas

SVP, Americas Finance

Authorized Signature



MAR-13-2006 MON 04:00 PM Intercontinental Account FAX NO. 305 374+3351

P. 03

WARNING: THIS CHECK CONTAINS A SIMULATED WATERMARK. PLEASE VISUALLY EXAMINE THE CHECK FOR WATERMARKS.
PAY TO THE ORDER OF
BANK OF AMERICA
TALLAHASSEE, FL 32301
FOR DEPOSIT ONLY
STATE TREASURER OF FLORIDA
DEPT OF ENVIRONMENTAL PROTECTION
LOCATION # 370000 DDO
1009069611

4276 91208

155-2-03

SUNTRUST ATL 93192938
 5825-963
 INC
 [REDACTED]

BANK OF AMERICA
 100 N. GUY W. ST
 TALLAHASSEE, FL 32301
 [REDACTED]

Lock up or destroy items containing sensitive information.
 This document contains sensitive information.



INTERCONTINENTAL.
MIAMI

AINS ID 0250956

April 29, 2005

RECEIVED

MAY 09 2005

Air Quality
Management Division

DEPARTMENT OF ENVIRONMENTAL PROTECTION
33 S.W. 2nd Ave.
Suite 900
Miami, FL 33130

ATTN: Marcelo Barrios

RECEIVED
MAY 17 2005
Bureau of Air Monitoring
& Mobile Sources

REF.: InterContinental Hotel Miami/License (Name Change)

Gentlemen:

Enclosed please find a completed Perchloroethylene Dry Cleaner, Air General Permit Notification form for change of ownership.

Please be advised that effective April 1st., our Company ownership was changed. The new Hotel information is as follows:

Owners Name: DTRS MICHIGAN AVENUE/CHOPIN PLAZA SUB, LLC
Establishment Name (DBA): InterContinental Hotel Miami
Address: 100 Chopin Plaza, Miami, FL 33131

Please change our General Permit Owners name accordingly. Many thanks for your assistance with this matter, and if you need further information please feel free to contact me.

Yours truly,

Lilian G. Butchart-Lividini
Financial Controller

WE KNOW WHAT IT TAKES.

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM MAY 09 2005

Part III. Notification of Intent to Use General Permit
Air Quality Management Division

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): DTRS MICHIGAN AVENUE/CHOPIN PLAZA SUB, LLC
2. Site Name (For example, plant name or number): INTERCONTINENTAL HOTEL MIAMI
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 100 CHOPIN PLAZA Street Address: City: MIAMI County: DADE Zip Code: 33131
5. Facility Identification Number (DEP Use ONLY - do not fill in) 0250956-003

Responsible Official

6. Name and Title of Responsible Official: Name: FELIX MALDONADO Title: CHIEF ENGINEER
7. Responsible Official Mailing Address: Organization/Firm: ENGINEERING DEPARTMENT Street Address: 100 CHOPIN PLAZA City: MIAMI County: DADE Zip Code: 33131
8. Responsible Official Telephone Number: Telephone: (305) 372 - 4409 Fax: (305) 372 - 4790

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): PARSHURAM DHANNA - SHAM/ LAUNDRY MANAGER
10. Facility Contact Address: 100 CHOPIN PLAZA Street Address: City: MIAMI County: DADE Zip Code: 33131
11. Facility Contact Telephone Number: Telephone: (305) 577 - 1000 Fax: (305) 372 - 4790

7-05 09:22A

BEST AVAILABLE COPY

P.03-

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site?

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
10/12/2004	Existing <input checked="" type="radio"/> New <input type="radio"/>	<input checked="" type="radio"/> RC <input checked="" type="radio"/> CA None required	SAME
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing <input type="radio"/> New <input type="radio"/>	RC/CA None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

{ 40 } gallons (You must fill this in)

(b) If less than 12 months, how many? { 1 } months

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine:

Unopened store (date of expected opening _____)

7-05 09:23A

P.04

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

- Small Area Source
 - Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
 - Transfer only on-site (used less than 200 gallons of perc per year)
 - Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
 - Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
 - Transfer only on-site (used 200 - 1,800 gallons of perc per year)
 - Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

- | | |
|--|--|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site? 1

For each boiler, indicate its horsepower (HP) rating: 125

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list)

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7-05 09:23A

P. 05

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____.
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

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

FELIX HALDONADO
 Print name of responsible official

Signature

Date

03/16/05

RECEIVED

RECEIVED

OCT 20 2005

NOV 04 2005

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Air Quality
Management Division

Bureau of Air Monitoring

& Mobile Sources **Part III. Notification of Intent to Use General Permit**

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number): <p style="text-align: center;">HOTEL INTERCONTINENTAL - MIAMI</p>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 100 CHOPIN PLAZA City: MIAMI County: DADE Zip Code: 33131
5. Facility Identification Number (DEP Use ONLY - do not fill in): <p style="text-align: center; font-size: 2em;">0250956-003</p>

FOR
FILE
ONLY

Responsible Official

6. Name and Title of Responsible Official: Name: FELIX MALDONADO Title: CHIEF ENGINEER
7. Responsible Official Mailing Address: 100 CHOPIN PLAZA Organization/Firm: Street Address: City: MIAMI County: DADE Zip Code: 33131
8. Responsible Official Telephone Number: Telephone: (305) 372-4409 Fax: (305) 372-4790

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <p style="text-align: center;">PARSHURAH DHANNA - SHAM</p>
10. Facility Contact Address: 100 CHOPIN PLAZA Street Address: City: MIAMI County: DADE Zip Code: 33131
11. Facility Contact Telephone Number: Telephone: (305) 577-1000 Fax: (305) 372-4790

Facility Information

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Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>10/12/2004</u>	Existing <input checked="" type="radio"/> New <input checked="" type="radio"/>	RC CA None required	<u>SAME</u>
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? [_____]

How many dryers/reclaimers do you have on-site? [_____]

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing <input checked="" type="radio"/> New <input checked="" type="radio"/>	RC CA None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[40] gallons (You must fill this in)

(b) If less than 12 months, how many? [1] months

Check why it is less than 12 months: New owner: [_____] Did not keep records: [_____]

New store: [_____] New machine []

Unopened store [_____] (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 Indicate with an "X". Select one classification only.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
 - Transfer only on-site (used less than 200 gallons of perc per year)
 - Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
 - Transfer only on-site (used 200 - 1,800 gallons of perc per year)
 - Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
 (Indicate with an "X".)

- | | |
|--|--|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR
 No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

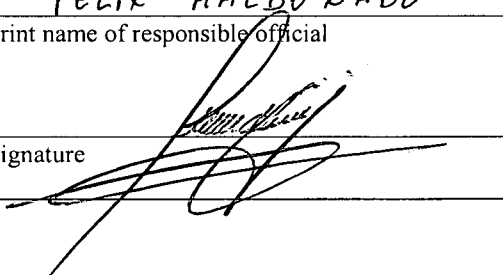
Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

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

FELIX MALDONADO
Print name of responsible official

Signature



Date

10/14/05



Department of Environmental Protection

Jeb Bush
Governor

Division of Air Resource Management
2600 Blair Stone Road, MS 5510
Tallahassee, Florida 32399-2400

Colleen M. Castille
Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

**Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070**

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 250956 1st
HOTEL INTERCONTINENTAL
MIAMI
100 Chopin Plaza
MIAMI, FL 33131

FLAIR ACCT. CODE 372020359013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273