



CITY OF PHILADELPHIA
 DEPARTMENT OF PUBLIC HEALTH
 PUBLIC HEALTH SERVICES
 AIR MANAGEMENT SERVICES

Air Management Services
 321 University Avenue
 Philadelphia PA 19104-4543
 Phone: (215) 685-7572
 FAX: (215) 685-7593

INSTALLATION PERMIT APPLICATION FOR MECHANICAL VENTILATION SYSTEMS FOR ENCLOSED PARKING GARAGES

(Prepare all information completely in print or type in duplicate)

Facility Name:		Facility Mailing Address (Street Address & Zip code):		Tax ID No.	
Owner		Mailing Address		E-Mail:	
Contact Person		Mailing Address		E-Mail:	
Is this a reconstruction, conversion, alteration, or replacement of an existing parking garage? <input type="checkbox"/> Yes <input type="checkbox"/> No					Completion Date:
Type of Garage <input type="checkbox"/> Valet <input type="checkbox"/> Self Park <input type="checkbox"/> Other _____					
Description of parking garage <input type="checkbox"/> Above ground <input type="checkbox"/> Below Ground <input type="checkbox"/> Open Lot <input type="checkbox"/> Other _____					
Parking Garage Facilities <input type="checkbox"/> Malls <input type="checkbox"/> Sport complex <input type="checkbox"/> Office Development <input type="checkbox"/> Airports <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____					
Total Floor Area _____ ft ²		Total # of Floors/levels _____ (#)		Total # Parking spaces _____ (#)	
Emergency Procedure Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No			Detail Floor Plan Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Vehicles in the Parking Garage <input type="checkbox"/> Cars <input type="checkbox"/> Buses <input type="checkbox"/> Trucks <input type="checkbox"/> Other _____					
Carbon Monoxide Detection Unit installed <input type="checkbox"/> Yes <input type="checkbox"/> No			Carbon Monoxide Detection Unit Model _____		
Automatic CO Monitoring System Manufacturer's Spec Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is Negative Air Pressure Maintained in the Facility <input type="checkbox"/> Yes <input type="checkbox"/> No					
Ventilation Air Change per hr (ACH) _____			Ventilation Rate _____ (cfm/ft ²)		
<i>Please attach any supporting data (Detail floor plan that shows location of CO monitors, ventilation locations, vent exhaust location and distance from buildings and streets, etc.) or relevant information that you have for your ventilation system and CO detector</i>					
<i>I certify that I have the authority to submit this Permit Application on behalf of the applicant named herein and that the information provided in this application is true and correct to the best of my knowledge and information</i>					
Signature _____		Date _____		Address _____	
Name & Title _____		Phone _____		Fax _____ E-Mail _____	
Application No.	Plant ID	Health District	Census Tract	Fee	Date Received
Approved by		Date		Conformance by	
				Date	

Instructions

INSTALLATION PERMIT APPLICATION FOR MECHANICAL VENTILATION SYSTEMS FOR ENCLOSED PARKING GARAGES

This permit is issued for the construction and temporary operation of the equipment listed in the application until Air Management Services performs conformance test and issues an air pollution license.

1. **This installation permit application must be submitted to and approved by AMS prior to the installation or modification of a mechanical ventilation system for a parking garage.** A mechanical ventilation system is required for any enclosed parking garage. An installation permit is not required for parking garages that are not enclosed and do not require a mechanical ventilation system.
2. Complete the application form and submit in duplicate along with the application fee payable to the "City of Philadelphia". The fee is \$430.
3. All parking garages must meet the requirements of Air Management Regulation XII (<http://www.phila.gov/health/units/AMS/pdf/REG12.pdf>) and the Air Management Regulation XII Procedures and Guidelines Related to the Review and Approval of Automotive Facilities (http://www.phila.gov/health/units/AMS/pdf/Procedure_and_Guidelines_for_AM_regulation_XII.pdf).
4. All information in the application is available to the public, if you wish to keep some information confidential, please place the stamped confidential information separately along with the requested letter. AMS will review the confidential request and advise you as appropriate.
5. The following items must be submitted with each application:
 - a. A floor plan for each level, preferably on an 8.5" x 11" or 11" x 17" page.
 - b. Information on the design, construction, and operation of the mechanical ventilation system.
 - c. For garages containing 35 or more parking spaces:
 - i. Information on the design, installation, and operation of the carbon monoxide (CO) monitoring system.
 - ii. A copy of the Emergency Action Procedure required Air Management Regulation XII Section IV.B.
6. Each Floor Plan must include the following information:
 - a. The total floor area in square feet.
 - b. The location and number of parking spaces on that level.
 - c. The location and capacity (in cubic feet per minute) of each air supply and exhaust vent.
 - d. The location where the mechanical ventilation system is controlled and monitored.
 - e. The location of each CO monitoring point.
 - f. The location of any occupied spaces such as a guard or ticket taker booth.
 - g. The immediate area surrounding the garage, to the extent that AMS can verify that supply air and exhaust points comply with Condition 4 of the Air Management Regulation XII Guidelines.
 - h. If the level is below grade, it must be noted.
7. An Installation Permit Application for Internal Combustion Engines must be submitted for any internal combustion engine rated 100 HP or greater. The application can be found at http://www.phila.gov/health/units/AMS/AMS_Forms_Index.html.

8. All submissions and correspondence should be directed to:

Source Registration
Air Management Services
321 University Avenue
Philadelphia, PA 19104-4543.
Phone 215-685-7572

9. Term

Tax ID No.: This is the Federal Tax ID or Social security number. If the applicant has an Employer Identification number(EIN), this number must be used.