

Notice of Construction & Application for Approval

Your application will not be processed unless the filing fee of \$1,150 is included with the application or until you pay by credit card. To pay by credit card, check here and an accounting technician will contact you.

A completed Environmental Checklist is also required. Additional fees may apply after the application is reviewed.

SPRAY COATING OPERATIONS	FORM SCO
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AGENCY USE ONLY	Date	Reg No.	NOC No.
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Section I – Facility Information

My business is: (check one) <input type="checkbox"/> New <input type="checkbox"/> Existing	This application is for activities or equipment that are: (Check all that apply) <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Being changed <input type="checkbox"/> Relocating	Applicant Name & Mailing Address Phone Fax Email
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Company or Owner Name & Mailing Address (if different)	Installation Address (include city & zip code)
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Nature of business: _____

Type of products being coated:

a. Aerospace b. Wood furniture c. Motor vehicles

d. Other, describe: _____

Days of operation (circle) Hours of spray coating per day

S M T W T H F S _____

Has the local zoning authority and the local Fire district approved this operation at this installation address? Yes No

List zoning authority: _____ Contact Phone #: _____

List Fire District: _____ Contact Phone #: _____

Section II - Equipment Information

For any other process equipment being installed, i.e. abrasive blasting, sanding, or dust collectors, please attach the General Information - Form P.

1. Type of spray coating area:	No. of units:	Volume of enclosure (cf)	Exhaust rate (cfm)	Manufacturer make and model No.
a. <input type="checkbox"/> Spray booth / room	_____	_____	_____	_____
b. <input type="checkbox"/> Outside spray area	_____	_____	_____	Identify controls for this option, please attach with Form SCO
c. <input type="checkbox"/> Prep area: Will there be spray coating operation at the prep area? <input type="checkbox"/> Yes <input type="checkbox"/> No				
d. <input type="checkbox"/> Other (explain): _____				

*Attach a technical specification sheet for the equipment proposed for installation.

Section II - Equipment Information (continued)

2. Exhaust system overspray control:
- a. Dry filter system: Make and Model No. filters: _____
 Manometer or differential pressure gauge Installed: Yes No
 Pressure drop in filters: _____ inches of water Filter Removal Efficiency, %: _____
- b. Water wash system: Flow meter installed: Yes No Water flow rate: _____ feet per minute
3. Exhaust stack configuration
 Enclosure exhaust must be discharged vertically without obstruction (check appropriate method below):
- a. Automatic butterfly damper b. Open exhaust, no rain cap obstructing discharge
- c. Other, explain & attach a schematic/drawing: _____
4. Exhaust stack parameters (Leave blank for non-ventilated spray areas):
 Stack diameter: _____ inches, Stack height above ground: _____ feet
 Height of highest point of the roof: _____ feet Coordinates of stack location (direction & distance from SW corner of building): _____
5. Building Dimensions of project location: _____
 Building Height _____ ft Building Width _____ ft Building Length _____ ft
6. Type of spray equipment:
- a. Electrostatic b. High volume low pressure c. Low volume low pressure
- d. Air assisted airless e. Conventional air spray f. Airless
- g. Other (Make & Model No.): _____
7. Gun Cleaning Method:
- a. Enclosed Gun Cleaning System b. Manual cleaning - solvents returned to closed containers after use
- c. Other (explain): _____

Section III – Coating and Solvent Usage Report

List all coatings and solvents to be used in spray coating area(s) contained in this application in order of highest to lowest usage:

*Provide MSDS for each

Coating/Solvent name, manufacturer, and product ID #	Estimated No. of gallons used per year:	Volatile organic compounds (VOC) content in lbs/gallon or grams/liter:
a.		
b.		
c.		
d.		
e.		
f.		
g.		

* Please estimate the total usage of coatings and solvents for the proposed project

* If more coatings or solvents are used, attach an additional sheet with this form

Section IV – Application Certification Statement

I, the undersigned, do hereby certify that the information contained in this application and the accompanying forms, plans, and supplemental data described herein are, to the best of my knowledge, accurate and complete.

Signature: _____

Date: _____

Type or print name: _____

Title: _____