

**STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL
DIVISION OF AIR QUALITY**

DAQ-AB1
Page 1 of 2

AUTO BODY SHOP PERMIT APPLICATION

DEPARTMENT USE ONLY

1. Name of Auto Body Shop		2. Date of Application		Permit Number			
3. Physical Location (Street Address)		City	County		Received Stamp		
			Zip Code				
4. Mailing Address (If Different From Above)		City	County	Zip Code			
5. Name of Owner		6. Name of Person Signing This Application		7. Title of Person Signing This Application		8. Telephone	
						9. Email	
10. Is a Copy of the Applicant Background Information Questionnaire on Record at the Department?		<input type="checkbox"/> Yes		<input type="checkbox"/> No			

Attach a manufacturer's specification or vendor data sheet for each spray booth. Attach additional pages as needed.

11. Spray Booth Type 1: (MAKE) _____ (MODEL) _____ # of Booths: _____

Stack Exhaust Exit Velocity (fps) or Exhaust Flow Rate (acfm): _____

Spray Booth Type 2: (MAKE) _____ (MODEL) _____ # of Booths: _____

Stack Exhaust Exit Velocity (fps) or Exhaust Flow Rate (acfm): _____

12. Stack height (from grade): _____ Diameter of the spray booth exhaust stack: _____

13. Distance of exhaust stack to your nearest neighbor or property line: _____

14. Dimensions of the auto body shop *or the entire building, if co-located (one continuous roof)*:

Longest Length _____ Shortest Width _____ Height _____

15. Distance between the exhaust stack(s) and the center of the building: _____

16. Removal efficiency of the filters used in the spray booth: _____

17. Recommended pressure drop across the filters used in the spray booth: _____

18. **Attach the most recent 12-month VOC usage report** from your coating supplier.

19. **Attach a Material Safety Data Sheet** for each product listed on the 12-month VOC usage report.

20. **Attach a Certified Product or Technical Data Sheet** for each product listed on the 12-month VOC usage report.

**STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL
DIVISION OF AIR QUALITY**

DAQ-AB1
Page 2 of 2

21. **Provide the number of spray guns or other coating applicators** used at the shop along with the make and model of each. Specify which product types they are used to spray.

MAKE: _____ MODEL: _____

Tip Size Used (mm): _____ Flow Rate (g/s or oz/min): _____ # of Guns: _____

Circle The Product Type Sprayed: **Surfacer** **Sealer** **Basecoat** **Clearcoat**

MAKE: _____ MODEL: _____

Tip Size Used (mm): _____ Flow Rate (g/s or oz/min): _____ # of Guns: _____

Circle The Product Type Sprayed: **Surfacer** **Sealer** **Basecoat** **Clearcoat**

MAKE: _____ MODEL: _____

Tip Size Used (mm): _____ Flow Rate (g/s or oz/min): _____ # of Guns: _____

Circle The Product Type Sprayed: **Surfacer** **Sealer** **Basecoat** **Clearcoat**

MAKE: _____ MODEL: _____

Tip Size Used (mm): _____ Flow Rate (g/s or oz/min): _____ # of Guns: _____

Circle The Product Type Sprayed: **Surfacer** **Sealer** **Basecoat** **Clearcoat**

22. **Attach an overhead picture of your building.** Indicate your shop and spray booth stack(s).

I, the undersigned, hereby certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all of its attachments as to the truth, accuracy, and completeness of this information. I certify based on information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate, and complete. By signing this form, I certify that I have not changed, altered, or deleted any portions of this application. I acknowledge that I cannot commence construction, alteration, modification or initiate operation until I receive written approval (i.e. permit, registration, or exemption letter) from the Department. I acknowledge that I may be required to perform testing of the equipment to receive construction or operation approval, and that if I do not receive approval to construct or operate that I can appeal the decision.

Owner or Authorized Agent

Signature of Owner or Authorized Agent

Date

Please submit this application to:

**Department of Natural Resources and Environmental Control
Division of Air Quality
Attn: Area Sources
100 West Water Street, Suite 6A
Dover, DE 19901**