

**NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL**

*Incomplete applications delay Agency review, so please fill out your application thoroughly*

<b>SPRAY COATING OPERATIONS</b>		<b>FORM SCO</b>	
<b>AGENCY USE ONLY</b>	Date	Reg No.	NOC No.

**Section I - Facility Information**

1. Type of business (check) <input type="checkbox"/> New <input type="checkbox"/> Existing	2. Status of equipment (check) <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Relocation <input type="checkbox"/> Modified	3. Applicant Name & Mailing Address:  Phone No.: Fax No.: Email Address:
4. Company (or owner) name & mailing address  Phone No.: Fax No.: Email Address:	5. Installation address (Include city & zip code)  Phone No.: Fax No.: Email Address:	

6. Nature of business: \_\_\_\_\_

7. Type of products being coated:  
 a.  Aerospace                      b.  Wood furniture                      c.  Motor vehicles  
 d.  Other, describe: \_\_\_\_\_

8. Daily work hours: From \_\_\_\_\_ a.m to \_\_\_\_\_ p.m.                      9. Days of operation (circle)                      S M T W T H F S                      10. Hours of spray coating per day \_\_\_\_\_

11. Has the local zoning authority approved this operation at this installation address?  Yes  No

12. List zoning authority: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_ - \_\_\_\_\_

13. Has the local Fire district approved this operation at this installation address?  Yes  No

14. 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 a 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"/> Prep area	_____	_____	_____	_____
c. <input type="checkbox"/> Outside spray area	_____	_____	_____	<b>Identify controls for this option, please attach with Form SCO</b>
d. <input type="checkbox"/> Other (explain): _____				

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

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

**Section II - Equipment Information (continued...)**

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**

1. List representative coatings and solvents to be used in spray coating area(s) contained in this application. List coatings in order of highest to lowest usage: [Coating/Solvent name, manufacturer, and product ID #]	2. Estimated No. of gallons used per year:	3. Volatile organic compounds (VOC) content in Lbs/gallon or Grams/liter:
a.		
b.		
c.		
d.		
e.		

\* Please estimate the total usage of coatings and solvents for the proposed project  
 \* If you need to include more coatings or solvents, attach a continuation sheet with Form SCO  
 \* Agency may request MSDS(s) (Material Safety Data Sheet(s))

**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: \_\_\_\_\_

**Your application will not be processed unless you mail a \$1,150 filing fee payment *along with this application*. A completed Environmental Checklist is also required. Additional fees may apply after the application is reviewed. To pay by credit card, check here  and an accounting technician will contact you.**