

Industrial Work Permit Application

- Login to DEP online CATS: www.nyc.gov/dep/cats
- After Login, select the bottom right button **"Industrial Work Permits, Inspection Requests (CO), Amendments & Affidavits"**
- You will be directed to the **"My Requests"** menu tab

To convert an existing Registration to a Work Permit:

- Click on the dropdown menu for **"Select Request Type"** as **"Industrial Work Permit"**.
- Click the **"Create"** button.
- Enter the Application ID (e.g., PA001170 or PB000112 without the ending Alphabet).
- Click the **"Continue"** button.
- Complete the information in each field. Mandatory fields on the request form are marked with an asterisk. (i.e., Owner's Email Address).
- Review all the information
- Under **"Fee Information"**: Select **"Yes"** or **"No"** for both **"Is it a government owned property?"** and **"Fee Waiver"** status.
 - If you've selected **"Yes"**, **select the government agency and provide proof**. Upload document(s) from the **"My Requests"** tab.
- Once completed, **click both** the **"Certification Checkbox"** and the **"Save"** or **"Save & Submit"** button.


For a New Industrial Work Permit:

- Click on the dropdown menu for **"Select Request Type"** as **"Industrial Work Permit"**.
- Click the **"Create"** button.
- Complete the information in each field. Mandatory fields on the request form are marked with an asterisk. (i.e., Owner's Email Address).
- Review all the information.
- Under **"Fee Information"**: Select **"Yes"** or **"No"** for both **"Is it a government owned property?"** and **"Fee Waiver"** status.
 - If you've selected **"Yes"**, **select the government agency and provide proof**. Upload document(s) from the **"My Requests"** tab.
- Once completed, **click both** the **"Certification Checkbox"** and the **"Save"** or **"Save & Submit"** button.

To attach documents (PDF only), accessible from the "My Requests" menu:

- Locate the application number/request ID. Click the PDF icon to attach a file.
- Click **"Add Attachment"** (Only PDF files with a filename that is less than 40 characters including spaces can be uploaded.)
- Once the documents are attached, click the **"My Requests"** tab on top left corner.

Submit Application and Payment, accessible from the "My Requests" menu:

- Click the **"Submit"** icon *(last icon in the list with a green forward arrow)*.  Proceed with processing the payment. Detailed steps for payment are provided in the [CATS Payment](#) document.
- The applicant & owner will receive an automated email upon successful submission.

For assistance, please call 718-595-3855 or email us at
Catsfeedback@dep.nyc.gov



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Bureau of Environmental Compliance
59-17 Junction Boulevard, 9th Floor, Flushing, New York 11373
Records Control (718) 595-3855

Industrial Work Permit Application – Checklist

Industrial Work Permit Application – All applicants must complete Part I and one section from the following source categories:

- Dry Cleaning Machine - Part II
- Spray Booth or Spray Area - Part III
- Other Industrial Process (i.e., woodworking, jewelry polishing) - Part IV
- Combustion Source (Engines, Generators, Dryers, Ovens) – Part V
- Combined Heat & Power – Part VI

Emission Calculations – Provide all assumptions and sample calculations.

Required Drawings

- **Drawings** – are to be drawn to scale on **no larger than 11" x 17" and not smaller than 8 ½" x 11"**. All submitted drawings must be legible.
- **Equipment Room layout** – location and dimensions of equipment, controls, vapor barrier enclosure, exhaust fans, fresh air intake
- **Plot Plan** – For the building or lot containing the industrial equipment, indicate property lines, street names, elevation of roof lines above grade, include building zone (i.e.: M-1, M-3), Block and Lot numbers, minimum distance to the nearest receptor and indicate North direction. Identify all emission points with Emission ID number, Application number (PA/PB/PW), heights above roof and grade for all permitted sources.

Additional Documents

- **Manufacturer Specification/Catalogue Cut Sheet** for controls and exhaust fan including maximum flowrate of the unit.
- **For Dry Cleaning Machine:**
 - NYS DEC Air Facility Registration.
 - Copy of DOB and FDNY Permits must be provided for issuance of Certificate of Operation.



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Online Application Form

Is this a legalized source? ☐ Yes ☐ No *

PART I. FACILITY INFORMATION *

Fee Information

Is it a government owned property?: ☐ Yes ☒ No ?

Fee Waiver: ☐ Yes ☒ No ?

Premise Information *

1A. Facility Name (If any) : ?

1B. Facility : ☐ New ☐ Existing ? *

1C. Facility Location

1C. House No. : ? *

1C. Street Address : ? *

1D. Floor / Suite No. (If any) : ?

1E. Borough : N/A ? *

1F. State : NY ?

1G. Block : ?

1H. Lot : ?

1I. Zip Code : ? *

1J. Building Identification Number (BIN) : ?

1K. Equipment Location : ?

1L. Is this equipment a replacement for equipment recently certified? : ☐ Yes ☐ No ?

1M. If YES, provide the installation number of the equipment it is replacing (PA/PB) : ?

1O. Facility Classification : ---Select one--- ? *

Owner Information

2A. Owner's Name : ? *

2B. Owner's Address

2B. House No. : ? *

2B. Street Address : ? *

2C. Floor / Suite No. (If any) : ?

2D. Borough / City : ? *

2E. State : ? *

2F. Zip Code : ? *

2G. Owner's Email Address : ? *

2H. Telephone : ? *

2I. Fax : ?



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LMP/LOBI Information

3K. Name of Installer : ?

3L. NYC Installer License Number : ?

3M. Installer Email Address : ?

3N. Telephone : ?

3O. Fax : ?

3P. Company Name : ?

3Q. Installer Address

3Q. House No. : ?

3Q. Street Address : ?

3R. City or Borough : ?

3S. State : ?

3T. Zip Code : ?

Process Information

5 Type of Equipment to be Permitted? : *

☐ Dry Cleaning Equipment

☐ Spray Booth / Spray Area

☐ Other Industrial Sources

☐ Combustion Equipment

☐ Cogeneration

5A. What type of business is being conducted at this equipment location? : *

☐ Dry Cleaning

☐ Construction Aggregate Processing

☐ Autobody Miscellaneous

☐ Autobody Spraybooth

☐ Cogeneration

☐ Food Grade Combustion

☐ Food Grade Miscellaneous

☐ Engine / Generators

☐ Industrial Combustion

☐ Industrial Miscellaneous

☐ Industrial Spraybooth

☐ Metal Processing

☐ Odor Control

☐ Paper and Printing Processing

☐ Jewelry Manufacturing

☐ Wood Working

☐ Tailpipe Exhaust

☐ Other

5B. What emission sources are present at this facility? : *

5C. Building Type : *

☐ Standalone (No Other Occupants)

☐ Mixed Use (Other Occupants)



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Emission Control

7A. Does this equipment have an emission control? : ☐ Yes ☐ No *

7B. Is the control part of the equipment? : ☐ Yes ☐ No

7C. Type(s) of pollutant(s) controlled : ☐ VOC
☐ PM
☐ Other

7D. Emission Control(s) : ☐ Filter
☐ Scrubber
☐ Catalytic Oxidizer
☐ Carbon Adsorber
☐ Bag House
☐ Condenser / Refrigerator
☐ Other

7E. Description of Control Device(s) :

7F. Contaminant		7G. Emission					
Name (Total Particulates, Total VOC)	CAS Number (NY079-00-0)	a. Emission Factor		b. Hourly Emissions (lbs/hr)	c. Annual Emissions (lbs/year)	d. Percent Removal	e. How Determined
		Amt	Units				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7H. Detailed Calculations (Est. max hourly and max annually) :

a. Proposed Environmental Rating : --Select one-- *

Heater Information

8A. Is the heater a separate unit? : ☐ Yes ☐ No *

8B. Input (BTU/Hr.) : *

8C. Output (BTU/Hr.) : *

8D. Firing Rate (GPH/CFH) : *

8E. Manufacturer : *

8F. Model Number : *

8G. Fuel Type : None *

Additional Permitted Equipment in Facility

9A. Installation No.	9B. Description	9C. Certificate of operation (CO) expiration date
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PART II. DRY CLEANING

Equipment Information

- 10A.** Manufacturer:
- 10B.** Model Number:
- 10C.** Serial Number:
- 10D.** Year Of Manufacture:
- 10E.** Date Of Installation:
- 10F.** Capacity (lbs/load):
- 10G.** Machine Type:
- 10H.** Number Of Machines:
- 10I.** Solvent Type:
- 10J.** Spill Pan: ☐ Yes ☐ No
- 10K.** Exhaust Systems (check all that apply): ☐ VAPOR BARRIER INSTALLED
☐ GENERAL EXHAUST VENTILATION SYSTEM INSTALLED
- 10L.** Maximum Operating Temp. for the Machine (degree F):
- 10M.** Is a sprinkler system installed in this facility? ☐ Yes ☐ No

Usage Information

- 11A.** Annual Solvent Consumption (gph):
- 11B.** Maximum Hourly Solvent Usage (gph):
- 11C.** Loads / Day:
- 11D.** Operational Days / Year:

PART III. SPRAY BOOTH / SPRAY AREA

Equipment Information

- 12A.** Equipment Type: ☐ OPEN SPRAY
☐ SPRAY BOOTH
☐ PREP STATION
☐ OTHER
- 12B.** Manufacturer:
- 12C.** Model Number:
- 12D.** Date Of Installation:
- 12E.** Type: ☐ DOWNDRAFT
☐ SEMI-DOWNDRAFT
☐ CROSS DRAFT
☐ BENCH TYPE
☐ FLOOR TYPE
- 12F.** Opening Height (ft.):
- 12G.** Opening Width (ft.):



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Operational Information

13A. Hours / Day:

13B. Days / Year:

13C. Waterwash Pump (HP):

13D. Water Flow rate (GPM):

13E. Article(s) Sprayed: ☐ AUTOMOBILE
☐ WOODWORKING
☐ METAL
☐ PLASTIC / FIBERGLASS
☐ OTHER

13F. Method of Application: ☐ AIR ATOMIZATION
☐ ELECTROSTATIC
☐ PRESSURE ATOMIZATION (AIRLESS)
☐ HVLP(HIGH VOLUME LOW PRESSURE)
☐ AIR ASSISTED AIRLESS
☐ OTHER

13G. Gun Cleaning Method: ☐ ENCLOSED GUN CLEANING SYSTEM
☐ MANUAL WIPE
☐ OPEN FLUSH
☐ OTHER

Usage Information

Type Of Material	Product Name and Number	Material VOC (lbs VOC/gal material)	Maximum Hourly Usage (gal/hr)	Annual Usage (gal/year)	Delete
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PART IV. OTHER INDUSTRIAL PROCESS

15A. Material being processed:

15B. Maximum Hourly Processing rate:

15C. Annual Amount of Material Processed:

Equipment Information

Manufacturer:	<input type="text"/>	Model Number:	<input type="text"/>
Year of Installation:	<input type="text"/>		
Number of Units:	<input type="text"/>	ACFM per unit	<input type="text"/>
Is there a control unit specific to this equipment? <input type="radio"/> Yes <input type="radio"/> No		Is the control unit venting directly into this room? <input type="radio"/> Yes <input type="radio"/> No	
Description of Equipment:	<input type="text"/>	if applicable, list the type of control unit(s) used:	<input type="text"/>
<input type="button" value="Delete"/>			

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15E. Hours / Day:

15F. Operational Days / Year:



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PART V. COMBUSTION SOURCES

16A. Combustion Type: --Select--

Equipment Information

16B. Manufacturer:

16C. Model Number:

16D. Year of Installation:

16Ea. Number of Units:

16Eb. Serial Number(s):

16F. Engine Model Year:

16G. EPA Engine Family Name:

16H. EPA Tier:

16I. Displacement (liters):

16J. Fuel Type:

16K. Maximum Fuel Delivery rate (GPH/CFH):

16L. kW Rating:

16M. Horsepower:

16N. Gross Input (Million BTU/Hr.):

16O. Is exhaust stack adequate for all equipment that vents to the stack? ☐ Yes ☐ No

16P. Is there an induced fan? ☐ Yes ☐ No

16Q. If so, where is it located?

a. Manufacture:

b. Model Number:

c. Capacity:

Usage Information

16R. Primary Use:

16S. Noise Control:

16T. Hours/Day:

16U. Days/Week:

16V. Days/Year:



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PART VI. COMBINED HEAT AND POWER

Part 1.1 COGENERATOR (Gas Turbine / Engine)

[Heat Input]

17A. Equipment Type : ☐ Gas Turbine ☐ Engine

17B. Fuel Type (Check both if using dual fuels) : ☐ Natural Gas ☐ No.2 Fuel Oil ☐ Other

	[Gas Turbine]	[Engine]
17C. Number of identical units :	<input type="text"/>	<input type="text"/>
17D. Date of Installation :	<input type="text"/>	<input type="text"/>
17E. Manufacturer :	<input type="text"/>	<input type="text"/>
17F. Model Number :	<input type="text"/>	<input type="text"/>
17G. Serial Number :	<input type="text"/>	<input type="text"/>
17H. Max Fuel Input (CFH or GPH or Lb./Hr.) :	<input type="text"/>	<input type="text"/>
17I. High Heating Value Of Fuel (BTU/Hr. or CFH or BTU/Lb) :	<input type="text"/>	<input type="text"/>
17J. Max Heat Input (MMBTU/Hr.) :	<input type="text"/>	<input type="text"/>
17K. Turbine/Engine Exhaust Temperature (F) :	<input type="text"/>	<input type="text"/>
17L. Total Gas Flow to the Turbine/Engine (Lbs/Hr.) :	<input type="text"/>	<input type="text"/>
17M. Rated Power Output (From the Generator) (KW) :	<input type="text"/>	<input type="text"/>
17N. Efficiency (%) :	<input type="text"/>	<input type="text"/>

17O. Do you have a duct burner? : ☐ Yes ☐ No

Part 2.1b HEAT RECOVERY STEAM GENERATING UNIT (HRU)

[Heat Input]

17.2.1D. Number of Identical Units :

17.2.1E. Date of Installation :

17.2.1F. Manufacturer :

17.2.1G. Model Number :

17.2.1H. Serial Number :

17.2.1I. Inlet Air Temperature (F) :

17.2.1J. Exhaust/Outlet Temperature (F) :

17.2.1K. Water Flow (Lbs/Hr.) :

17.2.1L. Water Pressure (PSIG) :

17.2.1M. Water Temperature at The INLET of the HRU (F) :

17.2.1N. Water Temperature at The OUTLET of the HRU (F) :



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Part 3.1 AUXILLIARY STEAM

[Heat Output]

Generated Steam

17.3.1A. Steam Produced (Lbs/Hr.) :

17.3.1B. Steam Usage Information: (ex: ConEd, Steam Turbine, Chiller, Domestic HW and Heating) : ☐ ConEd
☐ Steam Turbine
☐ Chiller
☐ Domestic HW
☐ Heating
☐ Other

17.3.1C. Steam Flow (Lbs/Hr.) :

17.3.1D. Steam Pressure (PSIG) :

Part 4.1 POWER OUTPUT FROM STEAM TURBINE

[Heat Output]

For Turbines:

17.4.1A. Total Steam flow to the Steam Turbine (Lbs/Hr.) :

17.4.1B. Steam Temperature at the Turbine Inlet (F) :

17.4.1C. Steam Pressure at the Turbine Inlet (PSIG) :

17.4.1D. Power Output (KW or BTU/Hr.) :

☐ I certify that I am authorized by the owner of the equipment to amend this application. As a licensed Professional Engineer / Registered Architect in the State of New York and acting as a designated agent for the applicant, I hereby certify that the application, plans, and all supplementary material submitted in connection with this filing are complete and fully comply with all applicable laws, codes, rules, regulations, and directives of the NYC Department of Environmental Protection (NYC DEP). All equipment and apparatus in addition to complying with the NYC DEP also meet the requirements of other federal, state and local agencies including but not limited to the US EPA, NYS Dept. of Environmental Conservation, NYS Department of Labor Board of Standards and Appeals, Fire Department of NY, NYC Department of Buildings and all applicable Safety Standards.

I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments as they pertain to the practice of engineering. **Please tick the check box**

Save

Save & Submit

Back to List



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Instructions on Filling Out Form

Cell #	Form Field Name	Help Text
1A	Facility Name (If any)	If subject premise has a name which is displayed on the store front sign or is commonly known (e.g. "ABCD" Garden Apartments) indicate such name. If no such name exists, indicate "none".
1B	Facility	Select "NEW" if equipment will be housed in a new structure. Select "EXISTING" if equipment will be housed in an existing structure.
1C	Facility Location	Complete premise address of combustion equipment being filed for.
1C	House No.	Do not insert any floor no./suite no.
1C	Street Address	Do not abbreviate street address.
1D	Floor / Suite No. (If any)	Enter floor number or suite number or room number if available.
1E	Borough	Select from the dropdown menu.
1F	State	Enter the State (NY).
1G	Block	
1H	Lot	
1I	Zip Code	
1J	Building Identification Number (BIN)	If premise identified is part of a housing or commercial complex where buildings have identifying numbers and/or letters, provide same.
1K	Equipment Location	Identify physical location, by floor number, of combustion equipment within premise (e.g cellar).
1L	Is this equipment a replacement for equipment recently certified?	Select "YES" if equipment is a replacement for equipment that is currently certified. Select "NO" if the equipment is not a replacement.
1M	If YES, provide the installation number of the equipment it is replacing (PA/PB):	If this equipment is a replacement for equipment currently certified, please provide the Installation Number of the equipment it is replacing. <i>(Renewal of the existing Certificate of Operation (CO) is required as long as the equipment is operable. The existing CO will be cancelled once we receive a written notification within 20 days that the equipment is dismantled or rendered inoperable.)</i>
1N	Is this a legalized source?	Indicate whether or not this is a legalized source.
2A	Owner's Name	Full legal name of owner of premise.
2B	Owner's Address	Owner's complete mailing address.
2B	House No.	Do not insert any floor no./suite no.
2B	Street Address	Do not abbreviate street address.
2C	Floor / Suite No. (If any)	Enter floor number or suite number or room number if available.
2D	Borough / City	Enter the borough or city if outside NY.
2E	State	Enter the State (NY).
2F	Zip Code	
2G	Telephone	Enter the primary number of the Owner.
2H	Fax	Fax number of the Owner.



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Cell #	Form Field Name	Help Text
2I	Owner's Email Address	Email address to facilitate future correspondences and send out renewal reminders.
2J	Facility Classification	Classification based on type of use. Check only one appropriate box. Example: Hospital owned residence, check residential College owned dormitory, check residential College owned power plant, check utility.
3A	Name of P.E or R.A	Full name of Professional Engineer authorized to file the Industrial Process Equipment Application Form.
3B	NYS License Number	New York State Professional Engineer's or R.A's License Number.
3C	P.E. E mail Address	P.E. email address for future correspondence.
3D	Telephone	Telephone number of the Professional Engineer.
3E	Fax	Fax number of the Professional Engineer.
3F	Company Name	Name of the company the Professional Engineer is employed with.
3G	P.E. Address	Complete business address information of the Professional Engineer.
3G	House No.	Do not insert any floor no./suite no.
3G	Street Address	Do not abbreviate street address.
3H	City or Borough	Enter the borough or city if outside NY.
3I	State	Enter the State (NY).
3J	Zip Code	
3K	Name of Installer	If applicable, provide the full name of the installer authorized to file the Industrial Process Equipment Application Form.
3L	NYC Installer License Number	New York City Oil Burner Installer License Number.
3M	Installer E mail Address	Installer email address for future correspondence.
3N	Telephone	Telephone number of the installer.
3O	Fax	Fax number of the installer.
3P	Company Name	Name of the company the installer is employed with.
3Q	Installer Address	Complete the business address information of the installer.
3Q	House No.	Do not insert any floor no./suite no.
3Q	Street Address	Do not abbreviate street address.
3R	City or Borough	Enter the borough or city if outside NY.
3S	State	Enter the State (NY)
3T	Zip Code	
4A	Is it a government owned property?	If the premise where the equipment is located has tax exemption as per the Department of Finance, then select "YES". Additionally, provide the DOF tax exemption documentation.
4B	Agency Name	Select the appropriate agency name.
4C	Fee Waiver	If fee is waived, select "Yes"
4D	Fee Waiver Reason	Select or mention detailed fee waiver reason.



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Cell #	Form Field Name	Help Text
5A	What type of business is being conducted at this equipment location?	Specify what type of industrial process is being conducted at this location. If "Other" is selected, specify the type of industrial process.
5B	What emission sources are present at this facility?	Indicate all sources of emissions that are present at the facility. For example, if an auto body shop has a spray booth equipped with a heater, both the spray booth and the heater should be listed as sources of emissions.
5C	Building Type	If the industrial process is operating in a stand-alone building without any other occupants (commercial or residential), select "Stand Alone". If there are other occupants in the building, select "Mixed Use".
5D	If mixed -use, check all boxes that describe the other types of tenants	If the building is a mixed use building, select all of the boxes that describe the other tenants.
6A	Emission Point ID	Provide the emission point ID for this stack.
6B	Ground Elevation (ft)	The height of the stack from its foundation base (in feet).
6C	Height Above Structures (ft)	The distance from the roof of the building to the top of the chimney (in feet).
6D	Stack Height (ft)	The distance from the centerline of the entrance of the combustion gases into the chimney to the top of the chimney (in feet).
6E	Inside Diameter (in)	Specify inside diameter of chimney outlet (in inches).
6F	Exit Velocity (f/s)	Chimney gas exit velocity (in feet per second).
6G	Exit Flow Rate (ACFM)	Chimney gas exit flow rate in actual cubic feet per minute (ACFM). The standard conditions 60°F and 14.6 psi.
6H	Exit Temperature (degree F)	Specify the exhaust temperature. Typically, this is the room temperature.
6I	Fan Manufacturer	If an exhaust fan is present, provide the manufacturer's name.
6J	Fan Model Number	If an exhaust fan is present, provide the model number.
6K	Number of Units	Specify the number of exhaust fans of this make/model present in the facility.
6L	Total ACFM/Unit	Specify the ACFM of each unit.
6M	Fan Diameter (in)	Indicate the diameter of the fan (in inches).
6N	Fan Motor (HP/RPM)	Indicate the capacity of the fan (in HP and RPM).
6O	Dimensions of Area Ventilated by Fan	Provide the dimensions of the area that is ventilated by the fan. If the fan is attached to an enclosed structure, such as a spray booth or dry cleaning unit equipped with a vapor barrier, provide the dimensions of this space.
6P	Are multiple pieces of equipment exhausted to this stack?	If more than one piece of equipment is exhausted to the stack described above, select "YES". If only one piece of equipment is exhausted to the stack, select "NO".
6Q	If Yes, list all pieces of equipment	If selected "YES" in previous question, list all of the pieces of equipment that are exhausted to the stack.



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Cell #	Form Field Name	Help Text
7A	Does this equipment have an emission control?	If emission control equipment is used, select "Yes". If no emission control equipment is used, select "No".
7B	Is the control part of the equipment?	If the control equipment is part of the industrial equipment, select "Yes". If the control equipment is a separate unit, select "No".
7C	Type(s) of pollutant(s) controlled	Select the type(s) of pollutant(s) that are controlled by the emission control equipment. If "Other" is selected, list the name of the pollutant.
7D	Emission Control(s)	Select the type(s) of emission control device(s) used at the facility. If "Other" is selected, list the name of the control device.
7E	Description of Control Device(s)	Provide a more detailed description of the emission control device(s). For example, if "Filter" was selected, provide the filter material.
7F	Contaminant	List the name and CAS number of all contaminants emitted by this equipment.