



For agency use only.  
NOC#:

**SPOKANE REGIONAL CLEAN AIR AGENCY**  
1610 S. Technology Blvd., Suite 101, Spokane, WA 99224  
(509) 477-4727, Fax (509) 477-6828, [www.SpokaneCleanAir.org](http://www.SpokaneCleanAir.org)

**NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL  
FOR INSTALLATION / MODIFICATION OF AN AIR POLLUTION SOURCE  
AUTO BODY PAINT BOOTH**

*This Notice of Construction (NOC) application must be accompanied by the following base fee:*

- *Spray booth that exhausts ≤ 10,000 acfm, the base fee is \$3,210 and covers 23 hours of SRCAA review time.*
- *Spray booth that exhausts > 10,000 acfm, the base fee is \$5,262 and covers 38 hours of SRCAA review time.*

*Additional review time will be billed at \$140/hour. See Spokane Clean Air's current fee schedule for more information.*

*To complete this application, please "save as" the document onto your computer. Then use your mouse to click and fill in the required data. Print, sign, and submit with base fee and any required additional information.*

**1. GENERAL INFORMATION**

<b>Owner / Operator:</b>	<b>Applicant:</b>
<b>Name of Business:</b>	<b>Applicant Address:</b>
<b>Business Address:</b>	
<b>Contact Person:</b>	<b>Contact Person:</b>
<b>Business Phone #:</b>	<b>Applicant Phone #:</b>
<b>Business Fax #:</b>	<b>Applicant Fax #:</b>
<b>Business Email:</b>	<b>Applicant Email:</b>

**2. INSTALLATION INFORMATION**

<b>Installation Address:</b>	<b>Installer Co. Name:</b>
	<b>Installer Address:</b>
<b>Contact Person:</b>	<b>Contact Person:</b>
<b>Installation Phone #:</b>	<b>Installer Phone #:</b>
<b>Installation Fax #:</b>	<b>Installer Fax #:</b>
<b>Installation Email:</b>	<b>Installer Email:</b>
<b>Type of business</b> (check one): <input type="checkbox"/> New <input type="checkbox"/> Existing	<b>Installer Email:</b>
<b>Facility registered with SRCAA</b> (check one)?	<b>Nature of business:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Estimated date of completion:</b>

**3. AUTO BODY PAINT BOOTH BEING INSTALLED / MODIFIED**

<b>Manufacturer:</b>	<b>Will a manometer or other pressure drop gauge be installed</b> (check one)?
<b>Model number:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Dimensions of paint booth</b> (LxWxH in ft.):	<b>If yes, please describe</b> (manufacturer, model #, etc.):
<b>Status of booth</b> (check one): <input type="checkbox"/> New <input type="checkbox"/> Used	
<input type="checkbox"/> Existing	
<b>Number of paint booths installed:</b>	

**4. AUTO BODY PAINT BOOTH FILTRATION SYSTEM**

<b>Exhaust filter manufacturer:</b>	<b>Dimensions of filter bank</b> (LxWxH in ft.):
<b>Exhaust filter model number:</b>	<b>Particulate control efficiency of filters</b> (%):

**5. OPERATION INFORMATION FOR EQUIPMENT BEING INSTALLED / MODIFIED**

<b>Business Hours:</b> From _____ a.m. to _____ p.m.	<b>Operating Hours:</b> From _____ a.m. to _____ p.m.
<b>Business Days</b> (check): <input type="checkbox"/> Su <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur	<b>Operating Days</b> (check): <input type="checkbox"/> Su <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur
<input type="checkbox"/> Fri <input type="checkbox"/> Sat	<input type="checkbox"/> Fri <input type="checkbox"/> Sat
<b>Business Weeks per Year:</b>	<b>Operating Weeks per Year:</b>

**6. PROCESS MATERIALS USAGE**

Please list the gallons per year of primer, base coat, clear coat, and gun cleaner. Attach Materials Safety Data Sheet (MSDS) for each material listed.

Auto Body Process Material	Maximum Annual Usage (gal/yr)	Expected Annual Usage (gal/yr)
Primer		
Base Coat		
Clear Coat		
Gun Cleaner		

**7. PAINT APPLICATION TECHNIQUE**

Type of application method (check one):  HVLP  
 LVLP  ESP  Other:

Type of paint delivery system (check one):  Airless  
 Paint pot  Other:

Spray gun manufacturer:

Spray gun model number:

Will the operator stand (check one):

Inside paint booth  Outside paint booth

**8. HEAT / CURING INFORMATION**

Will the paint booth also be used as a curing booth (check one)?  Yes  No (If no, go to section 9)

Fuel burned:

Rated input capacity:  BTU/hr  gal/hr

**9. EXHAUST STACK DATA**

Stack height from ground (ft):

Flow rate (SCFM):

Exit temperature (°F):

Internal dimensions of stack/vent (ft):

How does exhaust exit the stack?  Vertical (required)

Stack height above roof (ft):

Will a stack cap/rain guard be installed (check one)?

Yes  No (If yes, submit a drawing of the stack cap design.)

**10. MODELING INFORMATION**

All building dimensions w/in 200 ft. of proposal

(LxWxH, ft, Include these dimensions on required plot plan.):

Describe any dispersion modeling that has been

done: (Attach computer printout of results.)

Distance from stack to nearest property line (ft):

**11. OTHER INFORMATION – ATTACH THE FOLLOWING TO THIS APPLICATION**

- Plot plan showing the entire facility, buildings within 200 ft. of proposal, including property lines, cross streets, and location of proposed paint booth **(required.)**
- Environmental Checklist, SEPA, see section #12 **(required.)**
- MSDS for all materials used in the painting operation **(required.)**
- Manufacturer and/or vendor information booth, filters and spray guns being installed or modified **(if available.)**
- Any emission data including particulate, NO<sub>x</sub>, SO<sub>2</sub>, CO, VOC, lead and toxics **(if available.)**

**12. SEPA**

I certify that the State Environmental Policy Act (SEPA) has been satisfied for this project on \_\_\_\_\_ (mo/day/yr)  
 by \_\_\_\_\_ (government agency).

The Spokane Regional Clean Air Agency may require that a copy of the final determination and the environmental checklist or environmental impact statement be submitted with this application.

*Print his form, sign below, and submit with base fee and any required additional information.*

I HERBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION, INCLUDING SUPPLEMENTAL FORMS AND DATA, IS TO THE BEST OF MY KNOWLEDGE COMPLETE AND CORRECT.

Signature:	Date:
Print Name:	Phone:
Title:	Email:

FOR AGENCY USE ONLY
Approved by the Spokane Regional Clean Air Agency pursuant to conditions of approval specified in the Approval Order.
_____
CONTROL OFFICER
DATE _____
COMMENTS _____
_____