

**New Jersey Department of Environmental Protection
 Division of Air Quality
 Bureau of Stationary Sources
 Mail Code:401/02, PO Box 420
 Trenton, NJ 08625-0420**

Claim for Tax Exemption of Air Pollution Abatement Facility

Facility ID Number: _____	Activity Number: _____
Tracking Number: _____ <small>To be assigned by Department</small>	

1. Full Business Name: _____
2. Mailing Address: _____

Street
Municipality
State
Zip
3. Type of Ownership: Individual Partnership Corporation
4. Location of Abatement facility: _____

Street Address
Municipality
County
5. Lot(s) Number _____ Block(s) Number _____
6. Describe Operations Conducted at the Location of Abatement Facility: _____

7. Standard Industrial Classification Number (SIC): _____
8. Describe the unit process: _____

9. List the Raw Materials used: _____

10. Describe the Abatement Equipment: _____
 (Example: baghouse, scrubber etc.)

11. List the Air Contaminants Emitted to the Atmosphere

Contaminants	Without Control lb/hr	With Control lb/hr	Control Efficiency (%)Design	Control Efficiency (%) Performance

12. Are the contaminants collected in any manner by the control facility? yes no
13. Are the collected contaminants sold or used in any other manner than waste? If yes, supply a detailed statement indicating the deposition and the value in dollars reclaimed by the sale or reuse. yes no
14. Are the contaminants burned by the control facility? yes no
15. Is the heat value from the burned contaminants and any auxiliary fuel reused or reclaimed? If yes, supply a detailed statement indicating the deposition and the value in dollars reclaimed by the sale or reuse. yes no
16. Are the emissions of the contaminants controlled by the abatement facility currently regulated by any standards in state or local laws, codes, regulations or ordinances? yes no
17. State the law, code regulation or ordinance: _____
18. Does the facility comply with such requirements? yes no
19. Date Installation was completed: _____
20. a. Original cost reported if considered tangible personal property used in business \$ _____
- b. Original cost reported if considered real property \$ _____
- c. Net worth on date of application reported if considered real property \$ _____

I certify under penalty of law that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information. Failure to provide accurate information will make this transaction null and void.

Signature of Responsible Official: _____

Name of Responsible Official (Print): _____

Title: _____

Date: _____

MM/ DD/ YR

FOR OFFICAL USE ONLY

The claim for tax exemption does not qualify for certification for the reason(s) checked

- Not designed, constructed and/or used for air pollution abatement or control
- A substantial part is designed or constructed for purposes other than preventing air pollution
- The prime function is other than preventing pollution of the outdoor air
- Does not comply with existing State or Local Codes, Regulations or Ordinances
- The performances of the equipment as installed is not suitable and adequate for the primary purpose of preventing or abating air pollution
- Application is incomplete or incorrect

CERTICATION OF AIR POLLUTION ABATEMENT FACILITY

This is to certify that the air pollution abatement facility set forth above was designed primarily for the abatement of air pollution and is suitable and reasonably adequate for such purpose. This certification shall remain in full force and effect subject to the provisions of chapter 127.P.L. 1966. until further notice.

Date Forwarded to local Tax Assessor: _____

mm/dd/yr

Supervisor, Bureau of Air Permitting

Municipality _____

FOR USE BY TAX ASSESSOR ONLY

The claim for tax exemption is approved in the sum of \$ _____ on real property referred to as Lot(s) No. _____ in Block(s) No. _____ on the Tax Map of said municipality [or Page(s) _____, Line(s) _____ on the _____ Tax List]. Exemption authorized for the tax year beginning _____ for \$ _____ of the assessed valuation.

Date _____

Assessor Signature _____