

To be filled in by AQ Staff
Permit No.: _____
Date: _____
Accepted By: _____

**APPLICATION FOR A MINOR MODIFICATION TO AN AIR QUALITY STATIONARY SOURCE  
PERMIT TO OPERATE - OWNER CHANGE**

Return to: Washoe County Health District  
Air Quality Management Division  
1001 East Ninth Street B171  
Reno, Nevada 89512  
(775) 784-7200

[OurCleanAir.com](http://OurCleanAir.com)

**OWNER CHANGE:**

- Fill in portions of this application that are changing otherwise please leave blank.
- **Only use this form if there will be NO CHANGES to the facility or operations as specified in existing permit to operate, if changes are to be made then owner will need to apply using the General Application for an Air Quality Stationary Source Permit to Operate**
- **FEES: Current fees, click [here](#)**

**Permit Number:** \_\_\_\_\_

**1. Current Legal Business Name/Owner:**

**2. New Business Name/Owner:**

**3. Current Physical Address:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**4. New Address:**  Physical  Billing  Mailing  Other

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**5. New Address:**  Physical  Billing  Mailing  Other

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**6. New Persons:**  Business Owner  Facility Contact  Other

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**7. New Persons:**  Business Owner  Facility Contact  Other

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I acknowledge that the only changes taking place as a result of the new ownership are administrative and there will be no changes to the hours of operation, process, materials or emissions as currently permitted. I understand that as the new owner/operator of the above facility, I am responsible for meeting all federal, state, and local air quality regulations.

This application is submitted in accordance with the provisions of Section 030.000, and under penalty of perjury, to the best of my knowledge the information supplied in this document is true and correct. By signing you are acknowledging that there will be no changes to the facility as specified in existing Permit to Operate.

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

Revised 6/1//2021 - KP

