

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

**APPLICATION FOR A MODIFICATION TO AN AIR QUALITY STATIONARY
SOURCE PERMIT TO OPERATE**

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

www.OurCleanAir.com

GENERAL INFORMATION FOR ALL AIR QUALITY PERMIT TO OPERATE APPLICATIONS

- Application must be filled out completely for all items that are applicable.
 - Application must be signed by a responsible person.
 - **For new facilities an additional Operating Permit Fee will be assessed after completion of the air quality emissions review which will be based on potential emissions calculated for the first year.**
 - A Plan Review Fee must be submitted with this Application.
 - \$1,214** for sources emitting less than 100 tons of pollutants per year;
 - \$3,605** for Synthetic Minor sources emitting greater than 100 tons per year
-

1. Business Name & Permit Number:

Street Address: _____
City: _____ State: _____ Zip Code: _____
Parcel: _____ Process Type: _____
Onsite Contact: _____ Title: _____
Telephone: _____ E-Mail: _____

2. Mailing Address (if different than above):

Street Address: _____
City: _____ State: _____ Zip Code: _____
Business Representative: _____ Title: _____
Telephone: _____ E-Mail: _____

3. Billing Address (if different than above):

Street Address: _____
City: _____ State: _____ Zip Code: _____
Representative: _____ Title: _____
Telephone: _____ E-Mail: _____

4. Attach a Description of Process (include: processing times, hours of operation, batches per year, size per batch, etc.):

Enclosed Not-Enclosed Not Applicable

5. Attach a Process Flow Diagram:

Enclosed Not-Enclosed Not Applicable

6. Attach an Equipment list (see sample excel spreadsheet):

Enclosed Not-Enclosed Not Applicable

7. Attach a List of Materials and Estimated Quantities to be used (see sample excel spreadsheet):

******* Attach ALL MSDS sheets for all materials *******

Enclosed Not-Enclosed Not Applicable

8. Attach a Description of Emissions Control Equipment (include: manufacturer, model, serial number, flow diagrams, emission units controlled, etc.):

Enclosed Not-Enclosed Not Applicable

Construction Start Date: _____ Operations Start Date: _____

NOTE: Applicant agrees to allow on-site inspection during and after construction by the Air Quality Management Division during working hours without prior notice. The operator must notify this office when the facility commences and completes construction. An official Permit to Operate will not be issued until a final inspection is made and all required test data has been forwarded to this office assuring that equipment will meet all district and state 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.

Responsible Party Signature

Date

Print Name

Title