Submitting an Application for a Dust Control Permit via Accela Citizen Access:

You must have an account: create an online account here: <u>https://aca.accela.com/ONE/</u>.

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censory & Fer	Announcements Encessibility Scient Pequerter an Account Loon
	Nome Building Business Licensing Enforcement Engineering Fire Health District Planning Public Works Advanced Search
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	Boneseber me on this computer I Tax forgetten mygammand I New Unexc Inspiter for an Account
	The cities of Reno and Starks. Wadnes County and the Wadnes County Health District store an online license and nermits routal lenses as ONE

This account can also be used to access all licenses & permits with the City of Reno, Sparks and Washoe County.

Once your account has been created and you are logged in you will see a screen like this, this is your "Dashboard":

			Swarth	D.*
Home Building Business Licensing	Enforcement Engineering F	ire Health District Plan	ing Public Works	
Dashboard My Records My Account	Advanced Search			
Valle Cashe Ress				
Hello, Genine Rosa				
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Click on the **Health District** tab, you will then be taken to the following screen: From here you can search for records or create and application. Click on the **Create an Application by Agency.**

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reate	e an Application	by Agency Search	h Applications					
		- Alexandra						
eco	rds							
Show	v on Map							
Showin	g 0-0 of 0							
ate	Record Numbe	r Record Type	Description	Project	Name Expiration Da	te Status	Action	Short Notes
No rec	ords found.							

Search for Washoe County Health District Records

Tips for searching Washoe County Health District records:

Then click on the tab by **Health** and click the button for **Washoe County – Air Quality Dust Control.** Then **Continue Application**.

Select Services

	Search
•	Building EZ - Commercial
•	Building EZ - Residential
	One- and Two- Family Dwelling Units Only
•	Building
•	Enforcement
	Submit a complaint.
•	Engineering
•	Fire
	Health
	O Washoe County - Air Quality Asbestos
Ì	Washoe County - Air Quality Dust Control
	Washoe County - Air Quality Stationary Source
	Washoe County - Child Care Facility
	O Washoe County - Cottage Food Operation
	O Washoe County - Farm-to-Fork
	○ Washoe County - Food Illness Complaint
	O Washoe County - Food Permit
	Washoe County - Food Permit Exemption
	Washoe County - Garbage Exemption
	O Washoe County - Liquid Waste Trucks
	O Washoe County - Mobile Home & RV Parks
	○ Washoe County - Public Accommodations
	O Washoe County - Public Bathing Permit
	O Washoe County - RV Dump Stations
	Washoe County - Schools Permit
	Washoe County - Underground Storage Tanks Site Permit
	O Washoe County - Waste Management
•	Licenses
	Select all license types that pertain to your business
•	Planning
•	Other

Continue Application

Fill in the Parcel Number and click **Search.** The parcel # can be found on the <u>Assessor's Website</u>

Farcer Number	s a required field. F	
* Parcel Number	r:	
008-030-05		
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		Select 🔻
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Iract:		Legal Description:
		<i>i</i> e
Parcel Area:		
Land Value:	Improved \	Value: Exemption Value:

The results will show up in a pop up box like this:

	Farcet number	LOC	DIOCK	Subulats				
0	008-030-05		0	Not Avail	able			_
Ass	sociated Addı	resses						
Shov	wing 1-3 of 3							
	Address				City	State	Zip	
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	Name			Address				
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4								

Select the correct address if there is more than one option, then click **Select** to return to the parcel/address screen. The information will auto populate in the Parcel and Address sections.

***NOTE: For all projects involving road rehab/maintenance, please select a parcel # that is closest to the project (Preferably an open lot or commercial property)

Select Continue Application.

Parcel Number is	a required field. Plea	ise put parcel number in the fol	llowing format XXX-XXX-XX.
* Parcel Number:			
008-030-05			
Lot:	Block:	Subdivision:	
	0	Select	
Book:	Page:		
008	03		
Tract:		② Legal Description	n:
0		FR E2 SW4 SEC 1 T	WP 19 RGE 19
Parcel Area: Land Value:	Improved Valu	e: Exemption Value:	
Search Cl	ear	12232/30	
Address	Direction:	*Street Name	Street Type
* Street No :	Direction.	▼ 9TH	ST T
*Street No.: 1001	E		
*Street No.: 1001 Unit Type: Select	Unit No.:		
*Street No.: 1001 Unit Type: Select City:	Unit No.:	*Zip:	
*Street No.: 1001 Unit Type: Select City: RENO	Unit No.: ▼ State: NV	*Zip: 89512	
*Street No.: 1001 Unit Type: Select City: RENO Search Ct	Unit No.: State: NV ear	* Zip : 89512	

Enter the information for the **Applicant**, **Contractor**, and both **After Hours Contacts**.

Applicant: This is the organization/contact to whom the permit will be issued to and will appear on the permit. If you are filling this out for someone else, <u>do not</u> put your information in that area, put the contact person for the project

Contractor: This is the general contractor that is responsible for the project in its entirety from beginning to end, no subcontractors

After Hours Contact: These are the individuals that will be contacted after hours if there is a dust issue. Please put cell phone numbers, not business phone numbers

If you choose **Select from Account** all of your account information will automatically show up, otherwise select **Add New** or **Look Up** to find another

Home Building B	usiness Licensing E	nforcement Engineering	Fire Health Distr	ict Planning	Public Works
Create an Application b	by Agency Search A	oplications			
Pollution Control Plans	S				
1 Step 1	2 Step 2	3 Review		4 Pay Fees	5 Record Issuance
Step 1: Step 1>Pag	ge 2				*indicates a required field
Applicant					indicates a required ricta.
If applying for an o issued to.	rganization/busine	ess, please select "ADD N	VEW". Applicant is	the entity/bus	siness to whom the permit will be
Select from Account	t Add New Lo	ook Up			
Contractor					
General Contractor	for the entire proj	ect, not subcontractors.			
Select from Account	t Add New Lo	ook Up			
After Hours Cont	act				
This is the perso	n to be contacted	l during non working	hours in case o	f DUST proble	ems.
Select from Account	t Add New Lo	ook Up			
After Hours Cont	act				
This is the perso	n to be contacted	l during non working	hours in case o	f DUST proble	ems.
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Continue Application	n »				Save and resume later

Enter the following information for the Applicant as seen below:

- Select Organization from drop down menu
 - Fill in the remaining information with red arrows
 - o Name of Business
 - Work Phone and/or Mobile Phone
 - o Email Address
 - Select **Preferred Channel** by clicking the drop down
- Click Add Additional Contact Address and fill in the information with red arrows

×

- Change Address Type to Mailing from the drop down menu
 - Address Line 1 enter the Applicant's Name
 - Address Line 2 enter the street address
 - City, State and Zip Code
 - o Click Save and Close

Contact Information

•

*Individual/Organization:					
Organization 🔻					
*First: Middle	: *Last	Home Ph	ione:		
		Primary Pi	hone Number		
Name of Business:		Work Pho	one:		
Washoe County		(775) 784	-7200	\	
DBA/Trade Name:		Mobile Pl	hone:		
		(775) 784	-7200	÷	
E-mail:		Preferred	1		
kmparsons@washoecounty.us		Channel:			
		Work Phor			
Contact Addresses					
Add Additional Contr	et Address				
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To edit a contact address. click	the address link.				
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Address Type	Recipient	Address			Ac
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Contact Ad	dress Info	ormati	on			×
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Mailing		-				- 1
Address Line 1:						- 1
Kelly Parsons			⇒	-		- 1
Address Line 2:						- 1
1001 E Ninth Street			₩	_		- 1
Address Line 3:						- 1
City:	State:	Z	IP Code:	Country/Region	1:	- 1
Reno	NV	-	89512	United States 🔻		

• Contract Address has be added, click Continue

	al/Organization:			
Organizatio	on 🔻			
• First:	Middle:	*Last	:: Home Phone:	
			Primary Phone Number	
Name of I	Business:		Work Phone:	
Washoe Co	ounty		(775) 784-7200	
DBA/Trad	le Name:		Mobile Phone:	
			(775) 784-7200	
E-mail:			Preferred	
kmparsons	@washoecounty.us		Channel:	
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If you get this message:

Closely Matched Registered Contact

A contact is already registered with this email address. Confirm below whether to use the contact information entered on the previous screen, or update the application with the information displayed below (Contact information entered on the previous screen will be lost).

Select Use contact information entered on previous screen, click Continue



Continue this same process above for Contractor.

If there is no current General Contractor, put "**TBD**" in the **Name of Business** field. The <u>Modification Form</u> will need to be completed when a general contractor has be selected.

For After Hours Contact(s)

- Select Individual from drop down menu
- Fill in the remaining information with red arrows
 - o First Name and Last Name
 - o Mobile Phone and/or Work Phone
 - o Email Address
 - Select Preferred Channel by clicking the drop down
- Click Continue

No address required for After Hours Contact

*Individual/	Organization:					
Individual	•					
*First:	Middle:	*Last		Home Phone:		
Kelly		Parsor	ns 🗲	ry Phone Number		
Name of Bu	isiness:			Work Phone:		
				(775) 784-7200	\leftarrow	
DBA/Trade	Name:			Mobile Phone:		
				(775) 784-7200	\Leftrightarrow	
E-mail:				Preferred		
kmparsons@	washoecounty.us	⇒		Channel:		
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When all the contacts have been added, the screen should look like this and you may click **Continue Application**

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Contact added successfully.			
nparsons@washoecounty.us			
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Fill in the following information:

Application Name: Dust Permit Application

Detailed Description: Be specific about the scope of the project (ex: 20 acres of disturbance for residential subdivision)

Name of Project/Development: Name of project that will be on the permit

Project Start Date: Date project starts

Project Completion Date: Date project is complete

Dust Control Type: Click the drop-down menu and select what kind of project it is

Size of Project: How many acres of land that will be disturbed during the project

Existing Permit Number: If there is an existing permit that is about to expire, put the permit number in this area. If

there is no existing permit number, leave it blank or put in N/A.

Water Trucks: How many water trucks will be onsite to control dust

Detail Information	* indicates a required fi
Please list whether this is a dust control or smoke	management plan. Please include a description of the proposed project.
*Application Name: Dust Permit Application	
*Detailed Description	
3.6 acres of disturbance for parking lot rehab/maintenance. Dig up old parking lot and p new asphalt.	Give a detailed description of the project in this section
Custom Fields	
*Name of Project/Development:	⁽¹⁾ Washes County Parking I.C. Name of project that will be on the permit
*Project Start Date:	
Project Completion Date:	
Project Completion Date: Dust Control Type:	09/30/2020
Project Completion Date: Dust Control Type: Size of Project:	Image: Operation of the second sec
Project Completion Date: Dust Control Type: Size of Project: Existing Permit Number:	Image: Constraint of the second se
Project Completion Date: Dust Control Type: Size of Project: Existing Permit Number: Water trucks:	Image: Constraint of the second se

Click **Continue Application** once completed.

Here you need to attach the dust permit application and site location, grading and/or phasing maps, and the project information sheet (the second page to the application). If you need a map for your project, follow these instructions using our <u>Washoe Regional Mapping System</u>.

Click Add	d					
	Step 2: Step 2>F		* indicates a required field			
	Attachment					
	Please attach a map c	of site location, gradin	g and or phasing map	s, and project informa	tion sheet. (Attach each as individual docume	ent)
	The maximum file size allo ade;adp;bat;chm;cmd;cor	owed is 600 MB. n;cpl;exe;hta;htm;html;in;	s;isp;jar;js;jse;lib;lnk;mde;n	nht;mhtml;msc;msp;mst;p	hp;pif;scr;sct;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh;zip a	re disallowed file types to upload.
	Name	Туре	Size	Latest Update	Action	
	No records found.					
	Add					
	Continue Applicat	ion »				Save and resume later

A pop-up will come up, click **Add.** Select the following documents to be uploaded: Project Information Sheet (second page on the application), **Site Location/Vicinity Map**, and **Grading and/Phasing Maps**.

Once all the files have been uploaded 100%, click Continue

File Upload	×	File Upload	×		
The maximum file size allowed is 600 MB. ade; adp; bat; chm; cmd; com; cpl; exe; hta; htm; html; ins; isp; jar; js; jse; mhtml; msc; msp; mst; php; pil; scr; sct; shb; sys; vb; vbe; vbs; vzd; wsc; v disallowed file types to upload.	lib; lnk; m rsf; wsh; zi	The maximum file size allowed is 600 MB. ade; adp; bat; chm; cmd; com; cpl; exe; hta; htm; html; ins; isp; jar; js; j mhtml; msc; msp; mst; php; pif; scr; sct; shb; sys; vb; vbe; vbs; vxd; wsc disallowed file types to upload.			
		Grading-Phasing Map.pdf	100%		
		Project Info Sheet.pdf	100%		
		Site Map.pdf	100%		
Continue Add Remove All		Continue	dd Remove All		
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For each attachment, click the drop-down menu and select the appropriate document type and write a brief description, click **Save**

*Type:	Rem	move
Grading Plans or Phasing Maps 🔹 🔻		
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Parking lot phasing map	* *	
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All the attachments should be attached. Click Continue Application

Step 2: Step 2>F	* indicates a required field.				
Attachment					
Please attach a map o	of site location, grad	ing and or phasing ma	ps, and project inform	ation sheet. (Attach each as individual docume	nt)
The maximum file size allo ade;adp;bat;chm;cmd;coi	owed is 600 MB. m;cpl;exe;hta;htm;html;	ns;isp;jar;js;jse;lib;lnk;mde;	mht;mhtml;msc;msp;mst;	php;pif;scr;sct;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh;zip ar	e disallowed file types to upload.
Name	Туре	Size	Latest Update	Action	
Grading-Phasing Map.pdf	Grading Plans or Phasing Maps	1.48 MB	07/28/2020	Actions 🗸	
Site Map.pdf	Site Plan	1.48 MB	07/28/2020	Actions 🗸	
Project Info Sheet.pdf	Project Information Sheet	1.48 MB	07/28/2020	Actions 🗸	
Add					
Continue Applicat	tion »				Save and resume later

Review all information for accuracy, edit if needed. Click **Continue Application** once complete and correct:

1 Step 1	2 Step	2	3 Review		4 Pay Fees	5 Record Issuance
ten 3 · Review						
Continue Applic:	ation *					Same and an over 1
Continue Applica	ation »					Save and resume la
ease review all informa	ation below. Click the "Er	dit" buttons to make chan	iges to sections or "Contin	ue Application" to	move on.	
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-mail:kmparsons@wa	ashoecounty.us					
Preferred Channel:Wo	ork Phone					
Contractor						Ed
/ork Phone: (775) 555-	-7200					
lobile Phone:(775) 55	5-7000					
-mail:kmparsons@wa	shoecounty.us					
Preferred Channel:Wo	rk Phone					
Detail Informat	tion					Ed
pplication Name:Dust	t Permit Application					
Custom Fields	o acres or disturbance	for parking lot renab/n	naintenance. Dig up old	parking tot and p	utting new asphatt.	
ENERAL INFORMATIC	ON					Edit
ame of Project/D	evelopment:	Washoe	County Parking Lot	Maintenance		
roject Start Date:		08/31/20	020			
roject Completion	Date:	09/30/2	020			
ize of Prejects		Koad Ke	nab/Maintenance			
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me Map.pdf	Project Information	1.48 MB	07/28/2020	Actions -		
rayers into anotecput	Sheet	ALTO PID	5772072020	Actions		
Signature on this dust	control permit application	on does NOT constitute fu	ull Health District approval	for this project. A	ny additional Health permits su	uch as are required for septic, wells,
underground storage t	anks, or air pollution sou	inces must be obtained si	epolately.			
The Applicant's signatu	ire on this application sh	all constitute agreement	by the Applicant to accep	t responsibility for	meeting the "Conditions of Pla	an"
Buch and a second			Lille Frank	land the start of		D-1 0710010000
By checking this box accurate and current	x, you agree to the abc t. I acknowledge that a	we and accept responsi ny changes to the proje	puty for the project as o act from how it is presen	ted on the date of	rury that the information of the dust control permit	Date: 07/28/2020
Il require AQMD noti the project will recut	fication. Submitting pr	oject information that i	s NOT accurate and curr assessed	rent or failure to	notify AQMD of changes	
and project will resul	it in a notice of violatio	in which associated infles	u2263360.			
Continue Applica	tion »					Save and resume la

You will then see a confirmation screen that your application was submitted.

Home	Building	Business Licensing	Enforcement	Engineering	Fire	Health District	Planning	Public Works	more 🔻
Create a	n Applicatio	n by Agency Searcl	h Applications						
1 Selec	ct item to pay	2 Payment information	3 Receipt/Record issuance						
Step 3	3 : Receipt	/Record issuance							
Confirr	mation								
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No Ao	ddress								
() () () () () () () () () () () () () (ir Quality Duct Control Dor	mit						

Air Quality Management will then review and begin processing the application, assuming we have all the correct information. **Please be sure you provide a correct e-mail address**. If we need more information, we will contact you via e-mail. Once the application has been reviewed, you will receive an email regarding payment. The dust control permit will be processed with 10 business days of payment being received.

SUPP - Washoe County Health District - Invoice for APCP20-0022				
noreply@accela.com	← Reply	🖔 Reply All	ightarrow Forward	
To Parsons, Kelly M			Wed 7/29/2020	2:58 PN
[NOTICE: This message originated outside of Washoe County DO NOT CLICK on links or open attachments unless you	are sure the co	ntent is safe.]		
*If you applied in person or through the mail and payment was processed at that time, please disregard this	email. *			
The application for record# APCP20-0022 has been processed and is now ready for payment in Accela using Cr	edit Card or E-	Check.		
Or				
You may call the front desk at 775-784-7200 to pay for record# APCP20-0022 and they will e-mail you a receip	t.			
Payments by phone are accepted Monday - Friday between 8 am and 4 pm.				
Once payment has been received the appropriate documents will be emailed to you.				
Have a nice day,				
Washoe County Air Quality Management				