

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

TITLE V GENERAL PERMIT APPLICATION FOR 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 \$3,261

1. Legal Business Name (Name Permit will be issued under):				
Street Address:		_		
City:	State:	Zip Code:		
Parcel:	Process Type:			
Onsite Contact:	Title:			
Telephone:	E-Mail:			
	,	Zip Code:		
		Title:		
3. Billing Address (if differ	ent 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), please included estimated annual emissions from each process:
	******* 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
Qu not Op for Th	OTE: Applicant agrees to allow on-site inspection during and after construction by the Air pality Management Division during working hours without prior notice. The operator must tify this office when the facility commences and completes construction. An official Permit to be be issued until a final inspection is made and all required test data has been twarded 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 nalty of perjury, to the best of my knowledge the information supplied in this document is true discorrect.
Re	esponsible Party Signature Date
— Pri	int Name Title