

Permit No.: _____

Date: _____

Accepted By: _____

**APPLICATION FOR AN INTERNAL COMBUSTION ENGINE AIR QUALITY
STATIONARY SOURCE PERMIT TO OPERATE**

Return to: Washoe County Health District
Air Quality Management Division
1001 E. Ninth Street 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 of **\$166** must be submitted with this Application

Legal Business Name (Name Permit will be issued under):

Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Representative: _____ Title: _____

Telephone: _____ E-Mail: _____

1. Mailing Address (if different than above):

Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Representative: _____ Title: _____

Telephone: _____ E-Mail: _____

2. Billing Address (if different than above):

Street Address: _____

City: _____ State: _____ Zip Code: _____

Billing Representative: _____ Title: _____

Telephone: _____ E-Mail: _____

Construction Start Date: _____ Operations Start Date: _____

