

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 FAX(775) 784-7225

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 **\$162** 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: _____

Proposed Use of Engine: Emergency/Standby Continuous/Regular

Equipment Driven by Engine: _____

Engine Make & Model & Size (kW or hp): _____

Date of Manufacture & Tier: _____

(Attach data sheet and EPA certificate)

Use of Air Pollution Control Apparatus: Yes No

Yes If Yes, please describe (manufacturer, model etc.): _____

Projected Maximum Operating Hours per Year: _____

Typical Load to be operated (% of rated hp): _____

Type of Fuel used: Natural Gas Diesel #2 Gasoline

Sulfur Content of Fuel Oil (if applicable): _____

Amount of Fuel Consumed per year (gallons): _____

Is this a mobile unit? Yes No

Has equipment been modified/reconstructed? If yes, when? _____

Attach a list of All Internal Combustion Engines at Facility (see sample spreadsheet at www.OurCleanAir.com)

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

Revised 6/26/2019 - GR