

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

**APPLICATION FOR A MINOR MODIFICATION TO AN AIR QUALITY STATIONARY SOURCE
PERMIT TO OPERATE - OWNER CHANGE**

Return to: Washoe County Health District
Air Quality Management Division
1001 East Ninth Street B171
Reno, Nevada 89512
(775) 784-7200 FAX (775) 784-7225 www.OurCleanAir.com

OWNER CHANGE:

- Fill in portions of this application that are changing otherwise please leave blank.
- If additional information is required please include as an attachment.
- A **\$99.00** process fee per permit must be submitted with this application.

Permit Number: _____

1. Current Legal Business Name/Owner:

2. New Business Name/Owner:

3. Current Physical Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-Mail: _____

4. New Address: Physical Billing Mailing Other

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-Mail: _____

5. New Address: Physical Billing Mailing Other

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-Mail: _____

6. New Persons: Business Owner Facility Contact Other

Name: _____ Title: _____

Telephone: _____ E-Mail: _____

7. New Persons: Business Owner Facility Contact Other

Name: _____ Title: _____

Telephone: _____ E-Mail: _____

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