

**WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION**

**APPLICATION FOR ADMINISTRATIVE MODIFICATION OF AN
AIR QUALITY PERMIT TO OPERATE
(Including Removal/Replacement of Like Equipment)**

Return to: Washoe County Health District
Air Quality Management Division
PO Box 11130
Reno, Nevada 89520-0027
(775) 784-7200 FAX (775) 784-7225 www.ourcleanair.com

NOTE: -- A **\$48.00** process fee per permit must be submitted with this application.
-- Application must be filled out completely for all items that are applicable.

1. Permit Number to be Modified: _____

2. Previous Business Name: _____
Address: _____

3. New Business Name: _____
Physical Address: _____

Onsite Contact Person: _____ Telephone No: _____
Contact Person E-Mail: _____

Business Address: _____ Check if same as above

Responsible Person: _____ Telephone No: _____

Billing Address: _____ Check if same as above

Billing Contact: _____ Telephone No: _____

4. Additional Billing Comments: _____

5. Equipment to be removed from permit (include model and serial numbers):

6. New Equipment Description (Include make, model and size)

7. Changes to Process:

8. Changes to materials or chemicals used (include MSDS):

9. Additional Comments:

Under penalty of perjury, to the best of my knowledge the information supplied in this document is true and correct.

Signature

Date

Print Name

Title