

DUST CONTROL PERMIT APPLICATION
AIR QUALITY MANAGEMENT DIVISION
PO Box 11130, Reno NV 89520-0027 * (775) 784-7200 * Fax (775) 784-7225
www.ourcleanair.com

FEE as of July 1, 2013: \$120.00 per acre – plus a one-time \$37.00 admin fee per permit
(Less than .5 acres round down; .5 and greater round up)

THE "APPLICANT" IS RESPONSIBLE FOR ALL DUST CONTROL 24 HOURS A DAY, SEVEN DAYS A WEEK,
Including weekends and holidays, from commencement of project to completion.

*The Applicant must be the Property Owner/Developer, and signed by the Applicant or his Attorney in Fact. **Fill in the application completely or it will be returned for completion.***

To be filled in by AQ Staff
Permit No.: _____
Area: _____
Water Truck(s): _____
Hydro Basin: Yes / No

1. Name of Development: _____
2. Development Address: _____
3. Size of Project (disturbed acres): _____
4. Type of Project (choose one):
Commercial _____ Municipal Projects _____ Utilities _____
New Road/Street/Highway _____ Road Rehab/Maintenance _____
Residential Sub/Multi-Family _____ Single Family Residence _____
6. If renewing an existing permit, list permit number: _____

NOTE - - The Dust Control Permit is valid for eighteen (18) months from the date of approval. If the project is not complete or has not commenced by the expiration date, the Applicant must submit a new application to the Air Quality Management Division. Failure to do so will result in the Permit expiring and could result in a citation.

7. APPLICANT -- Name and current Address of Property Owner/Developer:

Owner/Developer: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

8. Name and current Address of Project Engineer/Consultant:

Engineer/Consultant: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

9. Name and Address of General Contractor:

Contractor: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

10. Name and Address of Grading/Excavating Contractor:

Contractor: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

11. Proposed Construction Dates – Per Phase:

***** provide grading and phasing maps *****

On-Site Grading/Excavation: **Start:** _____ **Complete:** _____

Building Construction: **Start:** _____ **Complete:** _____

12. Will fill material be required? Yes _____ yd³ _____; No _____

13. Will there be an excess of native material as a result of excavation? Yes _____ yd³ _____
No _____

14. Amount of Material to be excavated (yd³): _____

15. Is there a soil analysis report available? Yes _____ No _____

16. On-Site soil type: _____

17. Method of dust control to be utilized (per phase): (attach a map showing dust control strategy-utilize scale with contours)

- Water Truck(s) _____ (number of trucks)
- Chemical Sealant _____ (type – attach MSDS Sheets)
- Sprinklers/Water Cannons _____ (locations)
- Compaction _____ (percent)
- Enclosure _____ (fences, windbreaks)
- Revegetation _____ (type – attach seeding schedule)
- Will temporary irrigation be supplied? Yes _____ No _____
- Water Source: _____
- Speed Limits _____ Other _____

NOTE - Permanent stabilization methods such as construction/landscaping, revegetation, chemical sealant/palliative, or other approved method(s) of dust suppression must occur “within 30 days of grading completion”. Dust suppression must continue regardless of construction status.

18. Method to control mud and soil being tracked onto adjacent paved roadways: _____

19. Frequency of daily street cleaning: _____

20. Describe the methods (fences, barriers, etc.) to prevent unauthorized traffic on the construction site(s): _____

21. Persons to be contacted during non-working hours in case of dust problems:

Name & Phone no: _____ Email: _____

Name & Phone no: _____ Email: _____

22. The **Applicant’s (Owner/Developer) signature or that of his/her Attorney in fact** on this application shall constitute agreement by the Applicant to accept responsibility for meeting the “Conditions of Plan” (attached):

Signature

Date

Print or type name

Title

Company Name

Phone Number