

FUEL BURNING EQUIPMENT APPLICATION INSTRUCTIONS

How to Complete this Application

Only use this application if the fuel burning equipment associated with the facility is used for comfort (ex., rooftop units, unit heaters, hot water heaters, etc.) and no individual unit exceeds an input rating of one million Btu per hour (1 mmBtu/hr). If the fuel burning equipment is associated with a process and/or an individual unit exceeds 1 mmBtu/hr, complete and submit an *Application for a Minor Source Authority to Construct/Permit to Operate* instead.

- The application must be filled out completely for all items that are applicable, except where noted as optional.
- The application must have an **original wet-ink signature** by the Responsible Official. Responsible Official is defined in [DBOH Regulations Governing Air Quality Management 010.1305](#):
“a Corporation’s Chairman, Chief executive officer, president, vice president in charge of a principal business function, secretary, treasurer or designated environmental representative of a corporation responsible for overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and approved in advance by the Control Officer; a general partner in a partnership; the proprietor of a sole-proprietorship; or the principal executive officer or ranking elected official of a public agency. For sources subject to Title IV of the act, the responsible official shall be the representative who meets the requirements promulgated in 40 CFR Part 72.”
- The application and payment should be hand delivered to the AQMD drop box located ([here](#)), or mailed to NNPH, AQMD, 1001 E. Ninth Street, Suite B171, Reno, NV 89512
- **More detailed instructions can be found on page 6.**

Fees and Payments

- A fee of \$179 must be submitted with this application. The Air Quality Management Division fee schedule can be found here: <https://www.washoecounty.gov/health/resources/fees/air-quality-management-fees.php>
- The application fee invoice must be paid in full before the application is processed. All outstanding invoices for the facility and associated with the parent company of the facility must be paid in full; otherwise, the AQMD cannot issue the facility any permits. This includes the invoice for the permit fees resulting from this application.
- Invoices must be paid by check, money order, or credit card. Make checks and money orders payable to Northern Nevada Public Health, Air Quality Management Division or NNPH, AQMD. For payment with a credit card, the applicant will be notified by email once the invoice is ready for payment. Payment may be made with a credit card by following the instructions ([here](#)), or by calling the AQMD at 775.784.7200 Option 0 Monday-Friday 8am-4pm.

Assistance and Resources

The Business Environmental Program, operated through the University of Nevada, is a free and confidential program designed to help small businesses in Washoe County comply with local and federal environmental regulations. This service may be contacted at 800.882.3233 or help@unrbep.org. The Business Environmental Program may provide information on completing this air quality application. They can also provide assistance in reviewing options for emission control equipment and submitting annual emissions.

Visit this link to learn more about working with BEP: <https://unrbep.org/about-bep/working-with-bep/>

- District Board of Health Regulations Governing Air Quality Management:
<https://www.washoecounty.gov/health/programs-and-services/air-quality/regulations/index.php>
- The Air Quality Management Division Permitting Department can be contacted at 775.784.7200 Option 6 or AQMDPermitting@NNPH.org.



FUEL BURNING EQUIPMENT APPLICATION

FOR AQMD USE ONLY

Permit No.:

Facility Information

1. New Permit Permit Modification		2. Existing facilities only. Permit Number:	
3. Facility Name:			4. NAICS:
5. Facility Address:			APN:
City:	State:	ZIP Code:	
6. Facility latitude and longitude coordinates:			
7. Is the facility located within 1,000 feet of the outer boundary of a school, hospital, or residential area? Yes No			
8. Operating Schedule: Hours Per Day: Days Per Week: Weeks Per Year:			
9. On-Site Contact Name:		Title:	
Phone Number:		Fax Number:	
Email:			
Optional (#10-#12). If there are records required under the operating permit, and they will be kept at a location other than the facility, specify the location:			
10. Facility Name:			
11. Facility Address:			
City:	State:	ZIP Code:	
12. On-Site Contact Name:		Title:	
Phone Number:		Fax Number:	
Email:			

Company Information (all fields must be completed)

13. **Existing facilities only.** Has the company ownership changed? Yes No N/A
If "Yes", submit an *Application for Change of Ownership* and Fee, in addition to this application.

14. Legal Company Name (as registered with the State of Nevada):

15. Mailing Information:

Mailing Address:

City:	State:	ZIP Code:
-------	--------	-----------

Permitting Contact Name:	Title:
--------------------------	--------

Phone Number:	Fax Number:
---------------	-------------

Email:

16. Billing Information:

Billing Address:

City:	State:	ZIP Code:
-------	--------	-----------

Billing Contact Name:	Title:
-----------------------	--------

Phone Number:	Fax Number:
---------------	-------------

Email:

Responsible Official Information

Name of Responsible Official (as defined in [DBOH Regulations Governing Air Quality Management 010.1305](#)):

Title:

Phone Number:	Fax Number:
---------------	-------------

Email:

Mailing Address:

City:	State:	ZIP Code:
-------	--------	-----------

Facility Manager/Environmental Representative (Optional)

Name:		Title:	
Phone Number:		Fax Number:	
Email:			
Mailing Address:			
City:	State:	ZIP Code:	

Environmental Consultant Information (Optional)

By identifying a consultant, the RO consents that such consultant has the authority to communicate directly with the AQMD for the limited purpose of providing supplemental information and comments in support of the information already provided by the RO in the application. The RO acknowledges that any change to, or withdrawal of the application must be done by the RO.

Name:		Title:	
Phone Number:		Fax Number:	
Email:			
Mailing Address:			
City:	State:	ZIP Code:	

Specifications

17. Primary fuel type: Natural Gas Diesel Propane/LPG Other (specify):

17.a. Sulfur content for distillate fuel other than diesel:

18. Secondary fuel type: N/A Natural Gas Diesel Propane/LPG Other (specify):

18.a. Sulfur content for distillate fuel other than diesel:

Application Description

Describe the equipment being proposed in the application and how it relates to the facility functions. Include information that helps describe what the facility does. Describe how and where the facility will be monitoring throughput to show compliance. Specify the actual or projected date equipment will be fully constructed and ready for use.

--

Equipment List

Provide specifications for all fuel burning equipment. All items must be completed. Duplicate sheet as needed.

EU ID	Unit Type	Manufacturer	Model No.	Serial No.	Max. Heat Input (Btu/hr)

NOTE: Applicant agrees to allow on-site inspection during and after construction by the Air Quality Management Division (AQMD) during working hours and without prior notice. The operator must notify the AQMD 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 the AQMD showing the equipment meets all district, state, and federal 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 Official Signature

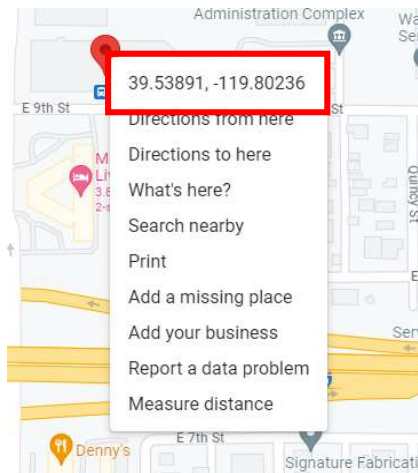
Date

Print Name

Title

DETAILED APPLICATION INSTRUCTIONS**Facility Information**

1. Specify if the application is for a new permit or for modification of an existing permit by checking the appropriate box.
2. **Existing facilities only.** Provide the permit number, which can be found at the top of page 1 of the existing Permit to Operate (ex., AAIRXX-XXXX).
3. Provide the facility name as you'd like it to appear on the permit. If a permit already exists for this operation, enter the name as it appears on the existing permit, which can be found at the top of page 1 of the existing Permit to Operate where it says, "Permit Issued To".
4. Provide the North American Industry Classification System (NAICS) code for the company. NAICS is a self-assigned system, meaning no one assigns you a NAICS code. This means that the facility should select the code that best depicts their primary business activity. A listing of NAICS codes can be found at, census.gov/naics/.
5. Provide the address for the facility.
6. Provide the latitude and longitude coordinates for the facility. These coordinates uniquely identify geographic positions. To find these coordinates, go to [Google Maps](https://www.google.com/maps/) and search for the address of the facility. Then, right click on the facility location on the map. A box will appear with the facility coordinates as shown below. The values should be written as shown (39.53891, -119.80236).



7. Specify if the facility is located within 1,000 feet of the outer boundary of a school, hospital, or residential area.
8. Specify the operating schedule of the facility in hours per day, days per week, and weeks per year.
9. Provide the on-site contact's name, title, phone and fax numbers, and email.
- 10-12. **Optional.** If there are records required under the operating permit, and they will be kept at a location other than the facility, specify the location. Provide the facility name, street address, city, state, and ZIP Code. Also provide the name, title, phone and fax numbers, and email of the on-site contact.

Company Information. All fields in this section must be completed even if information is the same (ex. billing address is the same as the mailing address).

13. **For existing facilities only.** Specify if the company ownership has changed. If “Yes”, submit an *Application for Change of Ownership* and Fee, in addition to this application.
14. Provide the legal company name, as registered with the State of Nevada. Nevada’s Business Portal, Silver Flume, can be accessed at <https://www.nvsilverflume.gov/home>.
15. **Facility Mailing Information.**
Provide the facility mailing address, permitting contact name, title, phone and fax numbers, and email address.
16. **Facility Billing Information.**
Provide the facility billing address, billing contact name, title, phone and fax numbers, and email address.

Responsible Official Information

Provide the name, title, phone and fax numbers, email, and mailing address of the Responsible Official. A Responsible Official is defined as:

“a Corporation’s Chairman, Chief executive officer, president, vice president in charge of a principal business function, secretary, treasurer or designated environmental representative of a corporation responsible for overall operation of one or more manufacturing, production or operating facilities applying for or subject to a permit and approved in advance by the Control Officer; a general partner in a partnership; the proprietor of a sole-proprietorship; or the principal executive officer or ranking elected official of a public agency. For sources subject to Title IV of the act, the responsible official shall be the representative who meets the requirements promulgated in 40 CFR Part 72.” ([DBOH Regulations Governing Air Quality Management 010.1305](#))

Facility Manager/Environmental Representative Information (Optional)

Provide the name, title, phone and fax numbers, email address, and mailing address for the facility Plant Manager or Environmental Representative.

Environmental Consultant Information (Optional)

By identifying a consultant, the RO consents that such consultant has the authority to communicate directly with the AQMD for the limited purpose of providing supplemental information and comments in support of the information already provided by the RO in the application. The RO acknowledges that any change to, or withdrawal of the application must be done by the RO.

Provide the name, title, phone and fax numbers, email, and mailing address of the Environmental Consultant.

Specifications

17. Specify the primary fuel type that will be used.
 - 17.a. If distillate fuel oil or used oil/RF04 will be combusted as the primary fuel type, list the proposed sulfur content of the fuel in the space provided.
18. Specify the secondary fuel type that will be used or select “N/A” if not applicable.
 - 18.a. If distillate fuel oil or used oil/RF04 will be combusted as the secondary fuel type, list the proposed sulfur content of the fuel in the space provided.

Application Description

Describe the equipment being proposed in the application and how it relates to the facility functions. Include information that helps describe what the facility does. Describe how and where the facility will be monitoring throughput to show compliance. Specify the actual or projected date equipment will be fully constructed and ready for use. For existing facilities, make sure to describe any revisions or modifications being requested.

Equipment List

Provide specifications for all fuel burning equipment. All items must be completed. Duplicate sheet as needed.