

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

**APPLICATION FOR ADMINISTRATIVE MODIFICATION OF AN  
AIR QUALITY PERMIT TO OPERATE**

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

---

NOTE: -- A **\$30.00** process fee per permit must be submitted with this application.  
-- Application must be filled out completely for all items that are applicable.

---

1. Previous Business Name and Address:

---

---

---

2. If known Permit Number or Numbers: \_\_\_\_\_

3. New Business Name and Address:

---

---

---

Contact Person: \_\_\_\_\_ Telephone No: \_\_\_\_\_

4. Facility Description/type of equipment registered under the permit(s):

---

---

5. For fuel burning equipment state

Aggregate input BTU/hr: \_\_\_\_\_

Type of Fuel used: (circle) Natural Gas – Fuel Oil – Coal

Type of Back-up Fuel used: (circle) Natural Gas – Fuel Oil - Coal

Sulfur Content if Oil or Coal is used: \_\_\_\_\_

Average Hours Operated (hrs/yr): \_\_\_\_\_

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

---

Signature

---

Date

---

Print or Type Name

---

Title