

CLARK COUNTY DEPARTMENT
OF AIR QUALITY
4701 W. Russell Rd., Suite 200
Las Vegas, NV 89118
For assistance, please call:
702-455-5942



DAQ Use Only	Invoice #:

FORM SS-PER-016-01: PORTABLE SOURCE PERMIT MOVE NOTICE

Please see instructions on page 2 before filling out the form.

IDENTIFICATION	
1. Source name:	2. Source ID No.:
3. Contact name:	4. Title:
5. Work phone:	6. Cell phone:
7. Email address:	
PREVIOUS LOCATION	
8. Previous location of equipment:	
9. Last date of operation at previous location:	
NEW LOCATION	
10. Is the source relocating to a construction site to operate crushing and/or screening equipment under the authority of a valid Dust Control Operating Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, enter the Dust Control Operating Permit number:	
11. Street address, latitude & longitude, or Assessor's Parcel No. (attach map):	Zip Code:
12. Date equipment will be brought to new location:	
13. Expected duration of operation at new location:	
14. If the proposed location is within 1,000 feet of the outer boundary of a school, hospital, or residential area, a public participation process is required unless the source is relocating crushing and/or screening equipment to operate temporarily at a construction site. The source cannot move to this location until all associated requirements have been satisfied. <input type="checkbox"/> Yes, a public participation process is required. <input type="checkbox"/> No, a public participation process is not required.	

This application shall be deemed incomplete if submitted information is incorrect, inaccurate, or missing. To the best knowledge of the Responsible Official, the information submitted in this application is certified as true and complete. The Responsible Official agrees that any willful misrepresentation shall be cause for revocation of the Permit to Operate.

Signature of Responsible Official: _____ Date: _____

Printed Name of Responsible Official: _____

Title of Responsible Official: _____

All information above this line is required for this form to be considered complete. Duplicate sheet as needed.

Fees and Payments: An application fee is associated with this form, and must be paid in full before the form can be processed. Air quality program fees pursuant to Section 18, "Permit and Technical Service Fees," of the Clark County Air Quality Regulations are listed at <http://www.clarkcountynv.gov/AirQuality/Pages/FeeSchedule.aspx>.

The Department of Air Quality accepts only checks, Visa, MasterCard, bank cashier's checks, and money orders. Make checks and money orders payable to "**Department of Air Quality**" or "**DAQ.**" Credit card payment may only be made in person at the department front desk.

Form Instructions

This form must be submitted to DAQ prior to relocating a portable minor source according to the following timelines (AQR 12.1.6(d)(5) & AQR 12.1.2(b)(3)(D)):

- At least 7 days before relocating to a site that IS NOT within 1,000 feet of the outer boundary of a school, hospital, or residential area, unless the source is temporarily relocating to a construction site. Refer to the final bullet if temporarily relocating to a construction site.
 - At least 15 days before relocating to a site that IS within 1,000 feet of the outer boundary of a school, hospital, or residential area, unless the source is temporarily relocating to a construction site. Refer to the final bullet if temporarily relocating to a construction site.
 - At any time before relocating to a site where the source will operate portable crushing and/or screening equipment to support a single on-site construction activity for less than 12 months (i.e., temporarily).
1. Provide the source name as it appears on the application. If a permit already exists for this operation, the source name should match the name on the permit.
 2. If the source is existing and already has a permit, provide the Source ID number as it appears on the permit. Otherwise, enter "New."
 3. Specify the name of the contact person for the portable source.
 - 4-7. Specify the contact person's title, work phone number, cell phone number, and work email address.
 8. Specify the previous location of the portable source.
 9. Specify the last date the portable source operated at the previous location.
 10. Specify whether the portable source will be operating any crushing and/or screening equipment at a construction site under the authority of a Dust Control Operating Permit. That equipment will operate under a Dust Control Operating Permit if it supports a single on-site construction activity on a temporary basis. If so, include the Dust Control Operating Permit number associated with the new location. Otherwise, the portable source will operate under the authority of its Portable Minor Source Permit.
 11. Specify the new location for the portable source: a street address, the location's latitude and longitude, or the Assessor's Parcel Number. Specify the ZIP code of the new location if one is available. Attach a map that shows both the new location of the portable source and the maximum proposed area for the source's operation.
 - 12-13. Specify the date on which the portable source will begin operating at the new location and how long it will operate there.