



CLARK COUNTY • DEPARTMENT OF AIR QUALITY  
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For DAQ Use Only

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**ATTENTION:** For all modifications, including AQR 12.4.3.2(b) revisions, the applicant must use the form "APPLICATION FOR AUTHORITY TO CONSTRUCT PERMIT MAJOR STATIONARY SOURCES"

## PART 70 OPERATING PERMIT APPLICATION FORM FOR MAJOR STATIONARY SOURCES

(As required by CCAQR Section 12.5)

Source ID # \_\_\_\_\_

Permit Application Basis (Check all that apply):

Initial Permit     Renewal Permit

Administrative Revision     Minor Revision     Significant Revision

If applying for a Revision, was there an NSR Authority to Construct (ATC) already issued?  Yes     No

1. Company Name: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

3. Source Name (if different than item #1): \_\_\_\_\_

4. Source Location/Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Township-Range-Section (TRS): \_\_\_\_\_

5. Name of Responsible Official: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_ Email: \_\_\_\_\_

6. Company Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_ Email: \_\_\_\_\_

7. Source Onsite Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_ Email: \_\_\_\_\_

8. General Nature of Business: \_\_\_\_\_

SIC Code: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

9. Type of Organization: Corporation Individual Owner Partnership Government Entity  
Other

10. Date of Commencement of Construction (if applicable): \_\_\_\_\_

Date of Commencement of Operation (if applicable): \_\_\_\_\_

11. To comply with the requirements of AQR Section 12.5, the applicant shall submit all the following information for initial and renewal permit applications. For revision permit applications, the applicant shall submit only the information that is related to the proposed change. Please refer to attached instructions for more information.

A. Process description, including any alternate operating scenarios or federally enforceable emissions caps.

B. Emission unit descriptions, including material/fuel usage and/or operating schedules.

C. Emissions information with supporting calculations.

D. Description of all applicable requirements & exemptions.

E. Air pollution control information with associated testing requirements.

F. Compliance plan for all applicable requirements.

G. Compliance certification.

H. CAM plan (if determined to be applicable).

I. Acid rain application (if determined to be applicable).

J. Permit shield (optional).

K. Other information that may be necessary to implement and enforce other requirements of the Clean Air Act (Act) or to determine the applicability of such requirements.

12. In addition to the above requirements, an application for minor permit modification shall include the following:

L. A description of the change, the emission resulting from the change, and any new applicable requirements that will apply if the change occurs.

M. The source's suggested draft permit conditions.

N. Justification that the proposed modification meets the criteria for use of minor permit modification procedures.

- O. A sufficient number of completed forms for the Control Officer to submit to the EPA and affected states.

**Note:** AQR Section 12.4 preconstruction requirements must be met for all revisions prior to commencement of operation.

***Certification of Truth, Accuracy, and Completeness***

CCAQR Section 12.5 - Certification of Truth, Accuracy, and Completeness. Any application form, report, or compliance certification submitted pursuant these Regulations shall contain certification of truth, accuracy, and completeness by a responsible official. This certification and any other certification required under Section 19 shall state that, based on information and belief formed after reasonable inquiry, the statements and information in the documents are true, accurate, and complete.

By my signature I, (Name) \_\_\_\_\_ hereby certify that based on information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate, and complete.

Date: \_\_\_\_\_

Signature of Responsible Official of the Organization: \_\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_