

NEW LOCATION

New Location of Equipment: _____ Zip: _____

(Include Township, Range & Section (TRS), If No Street Address): _____

Dust Permit Number for New Location: _____

Date Equipment Will Begin Operating At New Location: _____

Expected Duration Of Operations At New Location: _____

Expected Total Material Throughput At New Location: _____

List Expected Hours of Operation for Each Generator at New Location:

EU	Diesel Generator(s)	Hours/this Location

Site Acreage: _____ Acres

Expected VMT on Unpaved Haul Roads: _____ Miles

Expected VMT on Paved Haul Roads: _____ Miles

Will the operations requests at the new location plus the actual values from previous locations this calendar year exceed any permitted operational limit? Yes ___ No ___
(If yes, a permit modification is required before moving to the new location.)

In accordance with Subsection 4.3 of the Clark County Air Quality Regulations and NRS §445.58, the applicant agrees to permit the Control Officer or his representative to inspect the source during the hours of operation without prior notice.

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: _____

The Government Center office accepts: Cash, check, Visa, MasterCard and money orders. Make check/money order payable to: DAQ or Department of Air Quality & Environmental Management in accordance with Section 18 of the Clark County Air Quality Regulations.

To be filled out by Applicant – Payment Information – (Please Print)	
If Paying by Check – Check # _____	
Name and Address As It Appears on Check:	

Telephone #: _____	
If Paying by Credit Card, Last Four Digits of Credit Card #: _____	
Exact Name As Listed on the Credit Card:	

For Office Use Only: POS # _____