



Incinerator Application

Nevada Division of Environmental Protection
Solid Waste Branch

Application for approval to establish an Incinerator in the state of Nevada

Instructions: Complete Sections I & II, attach the supporting information described in Section III, and sign Section IV.

Section I. Applicant Information

1. Land Owner

Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone: _____

2. Operator

Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone: _____

3. Authorized Agent

Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone: _____

Section II. Facility Information

1. Location

Name: _____

County: _____ UTM Coord: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone: _____

2. Sectors to be served by the Facility

- Residential
- Commercial
- Industrial



Incinerator Application

Nevada Division of Environmental Protection
Solid Waste Branch

Section III. Supporting Information

All information required by [NAC 444.672](#), must be submitted as supporting information to this application.

1. Proof of ownership of the land on which the site is/or will be located
2. Design Report
3. Operating Plan
4. Evidence of Approval from the Local Government

Section IV. Certification

1. I certify that I am familiar with the information contained in the application and I believe that the information provided in this application is complete and accurate.

Printed Name of Owner

Title or Authority of Signatory

Legal Signature

Date of Signing

2. Send the completed application and supporting information to:

Nevada Division of Environmental Protection
Bureau of Waste Management / Solid Waste Branch
901 S. Stewart Street, Suite 4001
Carson City, NV 89701
For more information, please call (775) 687-9462.