**Class II General Air Quality Operating Permit Application For Temporary Construction Sources**

**Hot Mix Asphalt Plants**

**Concrete Batch Plants**

**Sand & Gravel Processing Plants**

**Company Name:** Click or tap here to enter text.

**Existing Class II General Air Quality Operating Permit for Temporary Construction Sources (if applicable): AP**Click or tap here to enter text.

**Application Type:**

[ ]  **New Class II General Air Quality Operating Permit for Temporary Construction Sources**

[ ]  **Renewal of Class II General Air Quality Operating Permit for Temporary Construction Sources**



**Please Submit Application to:**

Nevada Division of Environmental Protection

Bureau of Air Pollution Control, Class II Permitting Branch

901 South Stewart Street, Suite 4001

Carson City, Nevada 89701-5249

Phone (775) 687-9349

**Important Information**

* The Application packet contains:
	+ General Company Information Form
	+ Application Certification Document with Required Attachments
* A printed copy of the application must be submitted (mailed or hand delivered), along with an electronic version.
* The application filing fee of $1,500 as required by Nevada Administrative Code (NAC) 445B.327 must be submitted with the completed application. Checks must be made payable to the “Nevada State Treasurer, Environmental Protection” with “BAPC General Permit” noted in the memo line. Fees may also be submitted electronically at <https://epayments.ndep.nv.gov/>.
* This application shall only be used to apply for either a new Class II General Air Quality Operating Permit For Temporary Sources (Hot Mix Asphalt Plants, Concrete Batch Plants, and Sand & Gravel Processing Plants) or renew an existing Class II General Air Quality Operating Permit For Temporary Sources. If other activities have the potential to impact air quality are planned, other permits may be required
* An application for a Class II General Air Quality Operating Permit For Temporary Sources must be signed by the Responsible Official, as defined in NAC 445B.156. The certification/signature page is the last page of the application and the original “wet” signature must be provided.
* All items in the application must be addressed. If an item does not apply, “N/A” or similar notation must be entered in the appropriate blank. All other information must be provided. Incomplete applications will be returned to the Responsible Official within 10 working days of receipt of the application.
* For the renewal of a Class II General Air Quality Operating Permit For Temporary Sources, a **complete** application and corresponding processing fee must be submitted at least 30 days before the expiration date of the current permit in accordance with NAC 445B.3477. The BAPC recommends the application be submitted well in advance of the timeline outlined in NAC 445B.3477 to ensure the application is deemed complete.

**General Company Information Form**

**1. Company Name and Address to appear on the operating permit [NAC 445B.295.1]:**

|  |  |
| --- | --- |
| Name: | Company Name |
| Address: | Company Address |
| City: | Company City |
| State: | Company State | Zip Code: | Company Zip Code |
| Phone: | Company Phone | Fax: | Company Fax |

**2. Owner's Name and Address [NAC 445B.295(1)]:**

|  |  |
| --- | --- |
| Name: | Owner Name |
| Address: | Owner Address |
| City: | Owner City |
| State: | Owner State | Zip Code: | Owner Zip Code |
| Phone: | Owner Phone | Fax: | Owner Fax |
| Email: | Owner Email |

**3. Responsible Official Name, Title, and Address [NAC 445B.156]:**

|  |  |
| --- | --- |
| Name: | RO Name |
| Title: | RO Title |
| Address: | RO Address |
| City: | RO City |
| State: | RO State | Zip Code: | RO Zip Code |
| Phone: | RO Phone | Fax: | RO Fax |
| Email: | RO Email |

**4. If records that are required to be retained under the operating permit will be kept at a location other than the facility, specify that location [NAC 445B.295(7)]:**

|  |  |
| --- | --- |
| Name: | Records Name |
| Address: | Records Address |
| City: | Records City |
| State: | Records State | Zip Code: | Records Zip Code |

 (City) (State)

**APPLICATION CERTIFICATION DOCUMENT**

(With Required Attachments)

Please check all applicable boxes below to indicate the information provided in your application submittal:

[ ]  General Company Information Form

[ ]  Application Fee Attached

[ ]  Application Fee Electronically Submitted

[ ]  Application Certification Document with Original “Wet” Signature

**PLEASE NOTE THE FOLLOWING REQUIREMENTS WHICH APPLY TO PERMIT APPLICANTS DURING THE APPLICATION PROCESS:**

A. A permit applicant must submit supplementary facts or corrected information upon discovery [NAC 445B.297(1)(b)].

B. A permit applicant is required to provide any additional information which the Director requests in writing within the time specified in the Director's request [NAC 445B.297(1)(c)].

C. Submission of fraudulent data or other information may result in prosecution for an alleged criminal offense [NRS 445B.470].

D. Pursuant to NAC 445B.156, Responsible Official means:

1. For a corporation:

(a) A president;

(b) A vice president in charge of a principal business function;

(c) A secretary;

(d) A treasurer; or

(e) An authorized representative of such a person who is responsible for the overall operation of the facility and who is designated in writing by an officer of the corporation and approved in advance by the Director.

2. For a partnership or sole proprietorship, a general partner or the proprietor, respectively.

3. For a municipality or a state, federal or other public agency, a ranking elected official or a principal executive officer, including, for a federal agency, a chief executive officer who has responsibility for the overall operations of a principal geographic unit of the agency.

4. For an affected source, the designated representative or his or her alternate, as defined in 42 U.S.C. § 7651a(26).

**CERTIFICATION:**

**I certify that, based on information and belief formed after reasonable inquiry, the statements and information contained in this application are true, accurate and complete.**

|  |
| --- |
|  |
| Signature of Responsible Official |
|  |
| Print or Type Name and Title |
|  |
| Date |