



**APPLICATION FOR TRANSFER OF DUST CONTROL PERMIT
AND/OR CHANGE OF PROPERTY OWNER - MODIFICATION**

Please print in ink or type. Blank spaces must be completed for the application to be processed. If not applicable, enter N/A.

(mark all that apply)

1. This application is for; Transfer of permit
 Change of Property Ownership

2. Permit Number: _____

Project Name: _____

3. Current Permit Holder: _____

Current Property Owner: _____

4. New Permittee (if applicable):
(if new Permittee is NOT the Property Owner, Owner's Designee form DCP05 from property owner is required, See Attachment 1: Dust Control Permit Forms)

Property Owner Developer Prime Contractor Other _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail Address: _____

5. New Property Owner (if applicable):
(if new Property Owner is NOT the Permittee, Owner's Designee form DCP05 from new property owner is required, See Attachment 1: Dust Control Permit Forms)

Name: _____

6. Point of Contact for dust control matters and to whom a NOTICE OF VIOLATION should be sent if necessary (if changed from current permit):

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Ext: _____ Fax: _____

Cell/Pager: _____ After Hours Phone: _____

7. On-site Superintendent/Supervisor/Foreman contact (if changed from current permit):

Name: _____ Company: _____

On-site phone: _____ Cellular/Pager: _____

DAQEM Dust Class Certification/Card #: _____ Expiration date: _____

Have all other on-site supervisory personnel attended the DAQEM Dust Class? Yes No

If no, all required personnel must sign up for Dust Class within 7 days of permit transfer and attend within 30 days.

By signing this permit application I certify that:

The permittee accepts responsibility for assuring that all contractors, subcontractors, and all other persons on the construction site covered by this permit, comply with the terms and conditions of the permit, the dust mitigation plan and all applicable Air Quality Regulations.

By signing this application, he/she has read and understood the existing Dust Control Permit and associated documents, and agrees to abide by all conditions and requirements of that permit.

The applicant/permittee understands that it is a condition of the permit that the permittee agrees to allow the inspection of the site for compliance with the terms and conditions of the permit and Air Quality Regulations at any time during the permittee's hours of operation by a DAQEM officer without prior notice or at any time pursuant to the investigation of a complaint or upon direct observation of emission and/or failure to maintain Best Management Practices.

I understand that any material misrepresentation made in this application may invalidate the permit and that Clark County may pursue enforcement action against me. In addition, I understand any willful misrepresentation may result in criminal penalties. I declare under penalty of perjury that the foregoing is true and correct.

Executed on:

DATE SIGNATURE

PRINTED NAME TITLE AND COMPANY NAME

Current Permit Holder Authorization:

I authorize the transfer of the Dust Control Permit for Construction Activities listed on this application to the person listed as the New Permittee in section 4, above.

DATE SIGNATURE

PRINTED NAME TITLE AND COMPANY NAME

APPROVED BY:

DAQEM Approval Date