



To be filled in by CC Staff
 Permit No.: _____
 Area: _____
 Accepted By: _____

DUST CONTROL PERMIT APPLICATION

Return to: Churchill County
 Public Works, Planning & Zoning
 155 Taylor, Suite 194
 Fallon NV 89406

Email: cspross@churchillcountynv.gov

GENERAL INFORMATION FOR ALL DUST CONTROL PERMIT APPLICATIONS

- Application must be filled out completely with site location, grading and/or phasing maps. Blank spaces must be completed for the application to be processed. If not applicable, enter N/A.

NEW

RENEWAL

MODIFICATION

- Name of Project / Development: _____
Parcel #(s)(REQUIRED): _____
- APPLICANT -- Name and Current Address of Applicant:**
 Company: _____ Contact: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ Email: _____
- Name and Address of General Contractor:**
 Company: _____ Contact: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ Email: _____
- Persons to be contacted, by cell phone, during non-working hours in case of dust problems:**
 Name: _____ Phone: _____
 Email: _____
 Name: _____ Phone: _____
 Email: _____
- Size of Project (disturbed acres): _____ WaterTruck(s): _____ (Number of trucks)
- Type of Project (choose one):
 Commercial Municipal Projects Utilities New Road/Street/Hwy
 Road Rehab/Maintenance Residential Sub/Multi-Family Single Family Res.
- If there is an existing Dust Control Permit, list permit number: _____
Proposed Construction Dates – Per Phase: * provide site location, grading and phasing maps *****
(Maps larger than 11" x 17" will not be accepted)

 On-Site Grading/Excavation: **Start Date:** _____ **Completion Date:** _____
 Building Construction: **Start Date:** _____ **Completion Date:** _____

The **Applicant's signature** on this application shall constitute agreement by the Applicant to accept responsibility for meeting the "Conditions of Plan" (attached):

Applicant Signature

Date

Print Name



DUST CONTROL PERMIT INFORMATION SHEET

This must be submitted as an attachment online with the site location, grading and phasing maps

1. Detailed project/work description: _____

2. Will fill material be required? Yes yd³ _____ No

3. Will there be an excess of native material as a result of excavation? Yes yd³ _____ No

4. Will there be any crushing/screening equipment used during construction?

Yes No If yes, Stationary Source Permit #: _____

5. Amount of Material to be excavated (yd³): _____

6. Is there a soil analysis report available? Yes No

7. On-Site soil type: _____

8. Method of dust control to be utilized (per phase):

Water Truck(s) _____ (number of trucks)

Chemical Sealant _____ (type – attach MSDS Sheets)

Sprinklers/Water Cannons _____ (locations)

Compaction _____ (percent)

Enclosure _____ (fences, windbreaks)

Revegetation _____ (type – attach seeding schedule)

Will temporary irrigation be supplied? Yes No

Water Source: _____

Speed Limits _____ Other _____

NOTE - Permanent stabilization methods such as construction/landscaping, revegetation, chemical sealant/palliative, or other approved method(s) of dust suppression must occur "within 30 days of grading completion". Dust suppression must continue regardless of construction status.

9. Method to control mud and soil being tracked onto adjacent paved roadways: _____

10. Frequency of daily street cleaning: _____

11. Describe the methods (fences, barriers, etc.) to prevent unauthorized traffic on the construction site(s):

