

Maricopa County Environmental Services Department
Stormwater Quality Program
 (Delegated Authority for ADEQ)
1001 N Central Ave, Suite 201
Phoenix, AZ 85004
Phone: (602) 506-1569
Fax: (602) 372-0631



POST-CONSTRUCTION
STORMWATER QUALITY APPLICATION

STORMWATER Permit #

Instructions: Fill out completely (**failure to do so will result in a delay of the permitting process**) and submit this application to obtain plan approval. All required information must be submitted along with this application and applicable fees. **Print or type in black or blue INK** (pencil is not acceptable) all information except the signature block on page two. This application will expire one year from the date of submittal if plan approval has **not** been issued.

1. Site Location:
 Subject Property Address: _____
Street Name and Number City (if applicable) Maricopa County, AZ Zip Code
 Cross Streets: _____ Parcel Number _____ - _____ - _____ (____)
 Subdivision Name (if applicable): _____ Lot #(s) _____
 Legal Description: Section _____ Township _____ Range _____
 Latitude/Longitude: (in degrees, minute, sec.) _____ ° _____ ' _____ " N _____ ° _____ ' _____ " W

2. Property Owner:
 Name: _____ Phone # _____
 Current Mailing Address*: _____
Street Name and Number City State Zip Code
 Fax # _____
 Mobile # _____
 E-mail: _____
 *Any changes to this address shall be submitted in writing to MCESD within 15 days of the change. All documents from MCESD will be mailed to this address unless otherwise noted below. Returned mail will not be forwarded.

3. Person Responsible for On-Site SWPPP Maintenance:
 Business Name: _____ Contractor License # _____
 Agent's Name: _____ Phone # _____
 Business Mailing Address: _____
Street Name and Number City State Zip Code
 Fax # _____
 Mobile # _____
 E-mail: _____

4. Other Contact Information:
 Business Name: _____ Contact Person Name: _____ Contractor's License # _____
 Business Mailing Address: _____
Street Name and Number City State Zip Code
 Phone # _____
 Fax # _____
 Mobile # _____
 E-mail: _____

THIS IS A TWO (2) PAGE DOCUMENT; BOTH PAGES MUST BE COMPLETED BEFORE SUBMITTING TO MCESD.

THIS SPACE FOR OFFICE USE ONLY																								
LICENSING TIME FRAMES			Notes:																					
Application Log in Date _____	By _____	<small>Paperwork Review</small>	<table border="1"> <thead> <tr> <th>BILLING PURPOSE</th> <th>AMT PD</th> <th>RECEIPT #</th> <th>DATE PD</th> </tr> </thead> <tbody> <tr> <td>Post-Construction</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Site Inspection</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		BILLING PURPOSE	AMT PD	RECEIPT #	DATE PD	Post-Construction				Site Inspection				Other				Other			
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Post Const Review Completed _____	By _____	<small>Plan Review</small>																						
Post Const -Incomplete/HOLD _____	By _____																							
Post Const Inspection _____	By _____																							

5. Site Details:

Project Name: _____

Brief Description of Project: _____

Construction Start Date: _____ Construction End Date: _____

Have you identified any Non-Stormwater Discharges? YES NO

If yes, please identify: _____

Total Project Size: _____ Acres Size of Operations: _____ Acre(s)

Type of Project (subdivision, residential, commercial, road, pipeline, utility, etc.): _____

6. ADEQ Authorization Numbers:

Notice of Intent AZCON-_____ Notice of Termination AZCON-_____

7. Other Permits:

List any county, state or federal permits already associated with this site or that are needed (**List all that apply, incl. permit numbers**):

8. Closest Receiving Water:

Identify the closest receiving waters to construction site (dry washes, named water bodies, and unnamed tributaries)

Watershed:_____ Closest Water:_____ Perennial Water:_____

9. Detailed Driving Directions to Property:

10. Special Comments:

11. Certification: (READ CAREFULLY AND SIGN BELOW, to be completed by the property owner identified in Item Two (2) on the front of this application:

I _____, certify that this Stormwater plan review application and all attachments were
Print name
 prepared under my direction or authorization and all information is, to the best of my knowledge, true, accurate and complete. **I am aware that there are significant penalties for submitting false information including approval revocation as well as the possibility of fine and imprisonment for known violations.**

Signature

Date