



Maricopa County

Air Quality Department

Return all applications to: **One Stop Shop**

501 N. 44th Street, Suite 200

Phoenix, AZ 85008

Phone (602) 372-1071 Fax (602) 372-1078

(Please type or print)

Application for Dust Control Block Permit

Applicant: <input type="checkbox"/> Utility <input type="checkbox"/> Governmental Agency <input type="checkbox"/> Other	
Legal Business Name: _____	<u>OFFICE USE ONLY</u>
Address: _____	
City: _____ State: _____ Zip: _____	
Phone: _____ FAX: _____	
Emergency Phone: _____	
	Permit Number: _____
	Date Issued: _____
	Fee Paid: _____
	Approved By: _____

BLOCK PERMIT SITE LIST

PROJECT LOCATION	CITY	LEGAL DESCRIPTION (Township, Range, Section)	TYPE OF PROJECT	PROJECT SIZE
1.		T R Sec		
2.		T R Sec		
3.		T R Sec		
4.		T R Sec		
5.		T R Sec		

Project Type: TR = Trenching RC = Road Work MT = Maintenance WC = Weed Control

Project Size: A= Less than 1.0 Acre B= 1.0 Acre to 5.0 Acres C= 5.0 Acres or More

_____ See attached list for additional project locations

For any project not listed in the application, the applicant shall notify the Control Officer in writing at least three (3) working days prior to commencing the dust generating operations. The notice shall include the site location, size, type of activity and projected start date. Permittee is required and agrees to conduct all operations on and related to the worksite in compliance with all applicable environmental regulations and the provisions of the approved control plan.

CERTIFICATION: I certify that I am familiar with the operations presented in this application and agree to conduct all operations related to the worksite(s) in compliance with the attached dust control plan, Rule 310, any permit conditions, and all applicable environmental regulations.

Authorized Applicant Name (Print):		Title:
<small>(The responsible official is an officer or designated signer from the company named as applicant. If a designated signer is used, a written designation signed by an officer shall be submitted to this office)</small>		
Authorized Applicant Signature:		Date:
Onsite Phone:	Off site Phone:	Pager/Mobile Phone:

