Maricopa County Environmental Services Department
Water and Waste Division
501 N. 44th St., Suite 200
Phoenix, AZ 85008
Phone: 602-506-6666 Email: WWM_SWP@mail.maricopa.gov Fax:602-506-6925

PERMIT APPLICATION FOR WATER & WASTE COMPLIANCE PERMITS

PERMIT INFORMATION		
Company Name:		
Permitted Item's Address/Storage Location Address:		
City:	State:	Zip Code:

OWNER INFORMATION		
Organization Name (LLC, Inc., Sole Proprietor Name):		
Owner's Name:	Email:	
Address:		
City:	State:	Zip Code:
Phone No.:	Cell No:	Fax No.:

BILLING INFORMATION	Same As: ☐ Owner	
Contact Organization Name:		
Contact Name:	Email:	
Address:		
City:	State:	Zip Code:
Phone No.:	Cell No:	Fax No.:

INSPECTION CONTACT INFORMATION	Same As: ☐ Owner	☐ Billing
Contact Name:	Email:	
Address:		
City:	State:	Zip Code:
Phone No.:	Cell No:	Fax No.:

MAILING INFORMATION	Same As: ☐ Owner	☐ Billing
Contact Name:	Email:	
Address:		
City:	State:	Zip Code:
Phone No.:	Cell No:	Fax No.:

*******THIS SECTION FOR ☐ REFUSE COLLECTION VARIANCE OR ☐ NHLW TRANSFER FACILITY*******

LICENSED PROFESSIONAL	☐ Not Applicable-Project Constructed Value less than $12,500	
Contact Organization Name:		AZ License #
Contact Name:	Email:	
Address:		
City:	State:	Zip Code:
Phone No.:	Cell No:	Fax No.:

AUTHORIZED AGENT	Same As: ☐ Business/Project Owner	☐ Licensed Professional
Contact Organization Name:		AZ License #
Contact Name:	Email:	
Address:		
City:	State:	Zip Code:
Phone No.:	Cell No:	Fax No.:

PROJECT INSTALLER	Same As: ☐ Business/Project Owner	☐ Licensed Professional	☐ Authorized Agent
Contact Organization Name:			AZ License #
Contact Name:	Email:		
Address:			
City:	State:		Zip Code:
Phone No.:	Cell No:		Fax No.:

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PERMIT SPECIFIC INFORMATION

TYPE OF APPLICATION:

- ☐ NON-HAZARDOUS SOLID WASTE HAULER (REFUSE HAULER)
- ☐ NON-HAZARDOUS LIQUID WASTE HAULER
- ☐ BIO-HAZARDOUS MEDICAL WASTE HAULER
- ☐ POTABLE WATER HAULER
- ☐ LANDFILL
- ☐ MOBILE HOME PARK
- ☐ NHLW TRANSFER FACILITY
- ☐ REFUSE COLLECTION VARIANCE

(SKIP THIS PAGE, GO TO PAGE 3)

Office Use Only Permit #: _____	☐ VEHICLE ☐TRAILER ☐CONTAINER	Vehicle/Trailer No.:	Year:
		License Plate State:	Make:
		License Plate Number:	Type:
		VIN/Identification No.:	Disposal Site:
		ADEQ Registration No.:	Tank Capacity:
		Tank Serial No:	Tank Bottom Drain: ☐ YES ☐ NO
Permit #: _____	☐ VEHICLE ☐TRAILER ☐CONTAINER	Vehicle/Trailer No.:	Year:
		License Plate State:	Make:
		License Plate Number:	Type:
		VIN/Identification No.:	Disposal Site:
		ADEQ Registration No.:	Tank Capacity:
		Tank Serial No:	Tank Bottom Drain: ☐ YES ☐ NO
Permit #: _____	☐ VEHICLE ☐TRAILER ☐CONTAINER	Vehicle/Trailer No.:	Year:
		License Plate State:	Make:
		License Plate Number:	Type:
		VIN/Identification No.:	Disposal Site:
		ADEQ Registration No.:	Tank Capacity:
		Tank Serial No:	Tank Bottom Drain: ☐ YES ☐ NO
Permit #: _____	☐ VEHICLE ☐TRAILER ☐CONTAINER	Vehicle/Trailer No.:	Year:
		License Plate State:	Make:
		License Plate Number:	Type:
		VIN/Identification No.:	Disposal Site:
		ADEQ Registration No.:	Tank Capacity:
		Tank Serial No:	Tank Bottom Drain: ☐ YES ☐ NO
Permit #: _____	☐ VEHICLE ☐TRAILER ☐CONTAINER	Vehicle/Trailer No.:	Year:
		License Plate State:	Make:
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		ADEQ Registration No.:	Tank Capacity:
		Tank Serial No:	Tank Bottom Drain: ☐ YES ☐ NO
Permit #: _____	☐ VEHICLE ☐TRAILER ☐CONTAINER	Vehicle/Trailer No.:	Year:
		License Plate State:	Make:
		License Plate Number:	Type:
		VIN/Identification No.:	Disposal Site:
		ADEQ Registration No.:	Tank Capacity:
		Tank Serial No:	Tank Bottom Drain: ☐ YES ☐ NO

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PORTABLE RESTROOM UNIT OR WASTE HOLDING TANK

Office Use Only Permit #: _____	Number of Units	Type of Units/Description	

MOBILE HOME PARKS

Office Use Only Permit #: _____	Number of Spaces:	Water type:	☐ INDIVIDUAL WATER SYSTEM (WELL) ☐ PUBLIC WATER SYSTEM
	Number of Independents:	Sewer type:	☐ ISDS (SEPTIC) ☐ PUBLIC SEWER SYSTEM
	Number of Travel:	☐POOL ☐SPA QUANTITY:	POOL SPA

OFFICE USE ONLY

Application Fees (Fees are subject to change)

Type	Application Fee	Total
ATC for Non-Hazardous Liquid Waste Transfer Facility	☐$150 STANDARD ☐$300 EXPEDITE	
Plan Review for Refuse Collection Frequency Variance	☐$150 STANDARD ☐$300 EXPEDITE	

For Internal Use Only

Amount Invoiced/Paid: $	Submittal Date:
Assigned District:	Site Location:

This establishment must demonstrate sufficient compliance to proceed with the issuance of the permit(s). To complete the issuance of each permit and begin operation, the applicant must first submit payment of the permit fee to the Department's Business Services Office. Per Chapter I, Regulation 4, of the Maricopa County Environmental Health Code, no person shall conduct an operation or an establishment for which a permit is required without holding the necessary and valid permit to do so.

For reference, the following is a list of the annual prices for permits (R 6-23-2010):

- Mobile Home Park $200
- Landfill $450
- Refuse Hauler (Non-Hazardous Solid Waste Hauler) $120 per vehicle
- Non-Hazardous Liquid Waste Hauler $175 per vehicle
- Bio-Hazardous Medical Waste Hauler $200 per vehicle
- Drinking Water Hauler $240 per vehicle
- Portable Restroom Unit or Waste Holding Tank (see table)

1-99 units	$5	350-499 units	$1,500
100-199 units	$550	500-999 units	$2,500
200-349 units	$1000	1000-1499 units	$4,500

APPLICANT SIGNATURE

Pursuant to A.R.S. § 41-1009, the Department may enter your establishment to conduct inspections. You have the right to receive a copy of the Department's inspection report at the time of the inspection, within thirty (30) days after the inspection, or as otherwise provided by federal law. By initialing below, I agree that the Department may send me a copy of its inspection report by e-mail to the following email address: _____ or by facsimile transmission to the following fax number: _____

(Permit Owner/Holder) Initials: _____ It is the responsibility of the permit holder to update the Department if there is a change in contact information.

I, the undersigned, do hereby agree to assume complete responsibility for full compliance with all applicable statutes, rules and regulations for the work requested. The undersigned hereby requests that MCESD/Water and Waste Management Division conduct the appropriate review for the item listed on the application and supplies the undersigned with the associated results. All notifications of completed procedures or other written correspondence will be delivered in person, by mail or in electronic form. Per Maricopa County Environmental Health Code, this application will expire one year from date of application unless renewed.

Signature:_____ Date:_____

Submit

(R October 12, 2018)