



Maricopa County Air Quality Department
 3800 N. Central Ave., Suite 1400, Phoenix, AZ 85012
 Phone: 602-506-6010 Fax: 602-372-0587
 AQPermits@maricopa.gov



DUST CONTROL PERMIT APPLICATION - SECTION 1, APPLICATION

For Office Use Only

Permit Number: _____ Date Issued: _____

Application Submittal

Applications and payment may be submitted in person or mailed to either of the following locations:

1. Maricopa County Air Quality Department, 3800 N. Central Ave., Suite 1400, Phoenix, AZ 85012
2. One Stop Shop, 501 N. 44th St., Suite 200, Phoenix, AZ 85008

For a completed application, a Dust Control Permit Application (section 1) and a Dust Control Plan (section 2) will need to be submitted. Rule 310, Section 402 (dust control plan requirements) requires the submission of a dust control plan with your application. The Dust Control Plan is located at Maricopa.gov/1818.

No-Permit Violations: Did you receive a no-permit violation? Yes No Permit Number: _____
 If so, provide the permit number given to you by the inspector

Is this a re-application? If "Yes", provide previous permit number Yes No Permit Number: _____

Provide and e-mail address where we can send the permit: _____

A permit is valid for one year after the date of approval. You must re-apply for a permit more than 14 calendar days before the original permit expires. The re-application process may take up to 14 calendar days for review and processing (not including time for postal delivery) and must be approved prior to the expiration of the old permit.

Applicant Information

For all applicants, appropriate registration in the State of Arizona will be verified with the Arizona Corporation Commission or other applicable resources before a permit will be issued.

1. Applicant

Relationship to property (Check all that apply):

- Property Owner General/Prime Contractor Developer Lessee

Type of Entity:

- Corporation Limited Liability Company or Partnership Sole Proprietor Individual Government

Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ E-Mail Address: _____

2. Is applicant a wholly owned subsidiary of another company?

If "Yes", please provide all requested information below. If "No", please proceed to question 3. Yes No

Parent Company (if applicant is wholly owned subsidiary)

Type of Entity: _____

- Corporation Limited Liability Company or Partnership Sole Proprietor Individual Government

State of Incorporation or Registration: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail Address: _____



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3. Applicant President/Owner

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-Mail Address: _____

4. Property Owner/Developer (if not applicant)

Type of Entity:
 Corporation Limited Liability Company or Partnership Sole Proprietor Individual Government

Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: _____
 E-Mail Address: _____

5. Dust Control Coordinator

All sites with five or more acres of disturbed surface area that are subject to rule 310 must have a dust control coordinator on site at all times during dust-generating operations. The dust control coordinator(s) must complete 310 comprehensive training. List any additional dust control coordinators on a separate sheet of paper and attach to this application if necessary.

Name: _____
 Company Name: _____ Title: _____
 On-Site Phone: _____ Mobile: _____
 E-Mail Address: _____

6. Primary Project Contact

Provide a primary project contact/authorized on-site representative for this site. State if the primary project contact is already referenced in section 5 above or provide all of the following information.

Name: _____
 Company Name: _____ Title: _____
 On-Site Phone: _____ Mobile: _____
 E-Mail Address: _____

Project Information

7. Name of Project: _____

8. Project Location

Address: _____
 City: _____ State: AZ Zip: _____
 Nearest Major Cross Street North/South: _____
 Nearest Major Cross Street East/West: _____
 County Assessor's Parcel Number(s) **(required)**: _____
 Master Plan Community Number(s) (if applicable): _____
 Geographic Coordinates (lat./long. coordinates of site entrance): _____



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9. Project Location by Township (N or S), Range (E or W), Section (1-36)

Township: _____ Range: _____ Section: _____

10. Brief Project Description:

11. Size of Project

Total cubic yards of bulk material to be imported/exported: _____

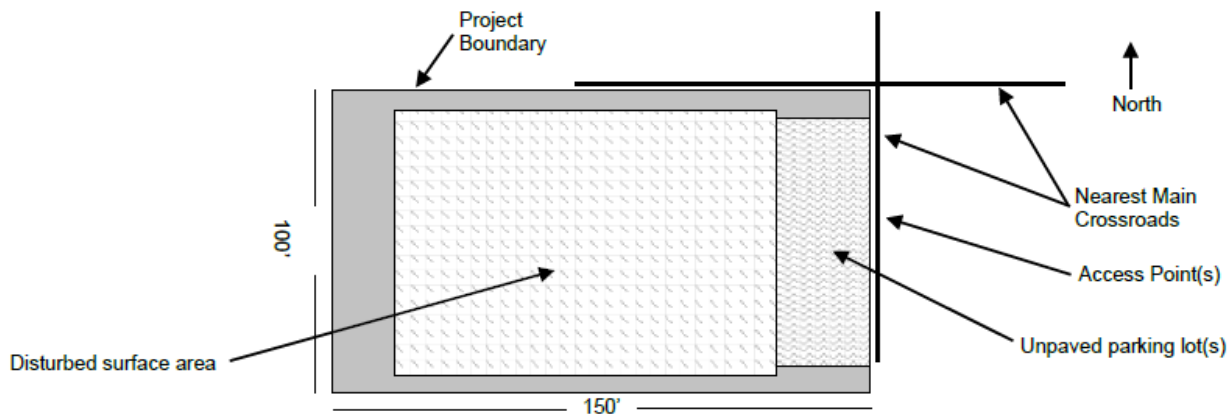
Total acres that will be disturbed throughout the duration of this permit including; staging areas, stockpiles, access and haul roads, parking, driveways, and temporary storage yards: _____

12. Project Site Drawing: A dust control permit will not be issued unless a project site drawing is submitted.

Attach a separate document with a drawing showing all of the following elements:

- Entire project site boundaries and disturbed surface area boundaries
- Area to be disturbed with linear dimensions or certification of square footage (including staging areas, stockpiles, access and haul roads, parking, driveways, and storage)
- Nearest main crossroads
- North arrow
- Access point(s) - planned exit locations onto areas accessible to the public
- Unpaved parking lot(s)

Example (simplified, not to scale):



13. Estimated Project Start Date (month/day/year). If this is a re-application, list the original project start date: _____

14. Estimated Project Completion Date (month/day/year). This date may be beyond the one year duration of the permit: _____



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The Maricopa County Air Quality Department regulates all asbestos renovation and demolition within Maricopa County. An overview of Asbestos National Emission Standards for Hazardous Air Pollutants (NESHAP) requirements are available in the Asbestos NESHAP brochure at Maricopa.gov/DocumentCenter/View/5064.

15. Asbestos NESHAP Notification Requirements

Demolition: The wrecking or taking out of any load-supporting structural member of a facility together with any related handling operations or the intentional burning of a facility.

Renovation: Altering a facility or one or more facility components in any way, including the stripping or removal of regulated asbestos containing material (RACM) from a facility component.

15a. Does the project include demolition or renovation?

If "Yes", provide all requested information below. If "No", proceed to section 16.

Yes

No

15b. Description of demolition/renovation activities:

15c. Has the property ever been used as a ranch, farm, business or any other commercial or industrial purpose?

Yes

No

15d. Is there a guesthouse, more than one livable structure on the property, or is work being done in conjunction with another property in the area?

Yes

No

**If you answered "No" to both questions 15c and 15d, skip to section 16.
 If you answered "Yes" to either question 15c or 15d, proceed below.**

15e. Has an asbestos inspection been conducted by an AHERA certified building inspector within 12 months before any demolition/renovation activities?

Yes

No

15f. Has a 10-Day NESHAP notification form been submitted?

If "No", you may need to file a 10-day NESHAP notification form at Maricopa.gov/1701.
 For more information, contact the department at 602-506-6010.

Yes

No

15g. 10-Day NESHAP notification number: _____

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Demolition notification number on file: _____
 Renovation notification number on file: _____

Approved by: _____
 Date approved: _____



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Signature(s)

16. Certification by a Responsible Official of the Applicant

A Responsible Official of the Applicant is the person who will be contacted or named in any enforcement action initiated by the Maricopa County Air Quality Department or the Maricopa County Attorney's Office. Pursuant to Rule 310, Section 401.3, the signature on the Dust Control Permit Application shall constitute agreement to accept responsibility for meeting the conditions of the Dust Control Permit and for ensuring that control measures are implemented throughout the project site and during the duration of the project.

Arizona Revised Statute § 13-2704 makes it a criminal offense to knowingly make a false material statement to a public servant in connection with an application for any benefit, privilege, or license.

I hereby certify that, based on information and belief formed after reasonable inquiry, the statements and information in the Dust Control Permit Application, including Applicant Information, Project Information, and the Dust Control Plan, are true, accurate, and complete.

Notice of Regulatory Reform in accordance with A.R.S. §11-1604

- A. A county shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, ordinance or delegation agreement. A general grant of authority does not constitute a basis for imposing a licensing requirement or condition unless the authority specifically authorizes the requirement or condition.
- B. Unless specifically authorized, a county shall avoid duplication of other laws that do not enhance regulatory clarity and shall avoid dual permitting to the maximum extent practicable.
- C. This section does not prohibit county flexibility to issue licenses or adopt ordinances or codes.
- D. A county shall not request or initiate discussions with a person about waiving that person's rights.
- E. This section may be enforced in a private civil action and relief may be awarded against a county. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against a county for a violation of this section.
- F. A county employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the county's adopted personnel policy.
- G. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

*Signature: _____ Date: _____
 *(note: a signature is not required if this form is submitted online)
 Printed Name: _____ Title: _____

17. Application Completed By (if other than signatory)

Signature: _____ Date: _____
 Printed Name: _____ Title: _____
 Phone: _____ E-Mail Address: _____