Stormwater Post-Construction Application

The following items are required: Please place electronic copies on flash drive or CD.

☐ Completed general application form, signed by owner or authorized agent.*

☐ Copy of Notice of Termination Acknowledgement received from ADEQ (must be submitted to get permit).

☐ One electronic copy of the Stormwater Pollution Prevention Plan (SWPPP), only if changed significantly during construction.

☐ One electronic copy of the As-Built Civil Engineering plans (Grading & Drainage Plans, if applicable. Must be submitted in order to get permit.)

☐ Copy of Operations and Maintenance (O&M) Manual. You are encouraged to have your civil engineer prepare or help prepare this document.*(A template is available from MCESD).

☐ Copy of O&M Agreement*, (for private developments only). (Form provided by MCESD).

☐ Vicinity map.

☐ Fees: $1050 plan review, $325 inspection. Check, cash or visa/mastercard will be accepted.*

*These items should be submitted before construction is completed.

Once submitted, you will receive a Stormwater tracking number (to be used on all correspondence with and future submittals to Environmental Services Department).

For additional information about this application process, please refer to the Post-Construction Permit Process flow chart, at https://www.maricopa.gov/DocumentCenter/View/6769/Post-Construction-Permit-Process-PDF You may also visit our website at www.maricopa.gov/3980/stormwater or contact the Stormwater Program Supervisor at the number above.

Applicant Signature____________________________________ Date__________

Revised 03/03/2019
**POST-CONSTRUCTION**

**STORMWATER QUALITY APPLICATION CONT.**

**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 Permit has not been issued. For information or assistance regarding this process, contact staff at the number above or go to [www.maricopa.gov/3980/stormwater](http://www.maricopa.gov/3980/stormwater). In conformance with A.R.S. §11-1605, the licensing time frames for this application are 25 business days for administrative completeness review and 50 business days for substantive review (75 business days overall). You may receive clarification from the Department of its interpretation or application of statute, ordinance, regulation, delegation agreement or authorized substantive policy statement as provided in A.R.S. §11-1609. **Information entered on this form will be retained by Maricopa Environmental Services Department and is a record as defined by Arizona law. This form will be provided without redaction in response to a public record request unless any of the information is exempt from release under Arizona law.**

1. **Site Information:**
   - Project Name: ________________________________________________________________
   - Total Project Size: _______ Acres  Area Disturbed: _______ Acres
   - Subject Property Address: ___________________________________________________
     Street Name and Number ______________________________________________________
     City (if applicable) ___________________________ Zip Code ____________
   - Cross Streets: ________________________________________________________________
     Parcel Number _______ - _______ - _______ (____)
   - Type of Project (subdivision, residential, commercial, road, pipeline, utility, etc.): ____________________________
   - Subdivision Name (if applicable): ____________________________________________
     Lot #(s) ____________________________
   - Legal Description: Section ______ Township ______ Range ______
     Latitude/Longitude: (in degrees, minute, sec.) _______° _______’ _______” N
     _______° _______’ _______” W
   - Brief Description of Project: ________________________________________________

2. **Property Owner/Developer:**
   - Name: ________________________________________________________________
   - Phone # ____________________________
   - Contact Name (if different from above): ____________________________
     Mobile# ____________________________
   - Current Mailing Address*: Street Name and Number ____________________________
     Street Name and Number ______________________________________________________
     Fax # ____________________________
     E-mail: ____________________________
     City ____________________________ State ________ Zip Code ____________
   - *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. **Other Contact Information:**
   - Business Name: ________________________________________________________________
   - Contact Person Name: __________________________________________________________
   - Business Mailing Address: Street Name and Number ____________________________
     Street Name and Number ______________________________________________________
     Phone # ____________________________
     Fax # ____________________________
     E-mail: ____________________________
     City ____________________________ State ________ Zip Code ____________

4. **ADEQ Authorization Number:**
   - AZCON- ____________________________ Other Documentation: ____________________________

5. **Special Comments (if any):**
   - ______________________________________________________________

6. **Requesting Expedited Review? (Double fees apply):** □ Yes □ No

7. **Certification:** *(READ CAREFULLY AND SIGN BELOW, to be completed by the property owner/operator identified in Item Two (2) on this application):*
   - I ____________________________________________, certify that this Stormwater plan review application and all attachments were
     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
A. TO ENSURE FAIR AND OPEN REGULATION BY COUNTIES, A PERSON:

1. IS ELIGIBLE FOR REIMBURSEMENT OF FEES AND OTHER EXPENSES IF THE PERSON PREVAILS BY ADJUDICATION ON THE MERITS AGAINST A COUNTY IN A COURT PROCEEDING REGARDING A COUNTY DECISION AS PROVIDED IN A.R.S. §12-348.

2. IS ENTITLED TO RECEIVE INFORMATION AND NOTICE REGARDING INSPECTIONS AS PROVIDED IN A.R.S. §11-1603.

3. IS ENTITLED TO HAVE A COUNTY NOT BASE A LICENSING DECISION IN WHOLE OR IN PART ON LICENSING CONDITIONS OR REQUIREMENTS THAT ARE NOT SPECIFICALLY AUTHORIZED AS PROVIDED IN A.R.S. §11-1604.


5. IS ENTITLED TO RECEIVE WRITTEN OR ELECTRONIC NOTICE FROM A COUNTY ON DENIAL OF A LICENSE APPLICATION THAT:
   (A) JUSTIFIES THE DENIAL WITH REFERENCES TO THE STATUTE, ORDINANCE, REGULATION, DELEGATION AGREEMENT OR AUTHORIZED SUBSTANTIVE POLICY STATEMENTS ON WHICH THE DENIAL IS BASED AS PROVIDED IN A.R.S. §11-1605.
   (B) EXPLAINS THE APPLICANT'S RIGHT TO APPEAL THE DENIAL AS PROVIDED IN A.R.S. §11-1605.

6. IS ENTITLED TO RECEIVE INFORMATION REGARDING THE LICENSE APPLICATION PROCESS AT THE TIME THE PERSON OBTAINS AN APPLICATION FOR A LICENSE AS PROVIDED IN A.R.S. §11-1606.

7. MAY INSPECT ALL ORDINANCES, REGULATIONS AND SUBSTANTIVE POLICY STATEMENTS OF A COUNTY, INCLUDING A DIRECTORY OF DOCUMENTS, AT THE OFFICE OF THE COUNTY OR ON THE COUNTY'S WEBSITE AS PROVIDED IN A.R.S. §11-1607.

8. UNLESS SPECIFICALLY AUTHORIZED, MAY EXPECT COUNTIES TO AVOID DUPLICATION OF OTHER LAWS THAT DO NOT ENHANCE REGULATORY CLARITY AND TO AVOID DUAL PERMITTING TO THE MAXIMUM EXTENT PRACTICABLE AS PROVIDED IN A.R.S. §11-1604.

9. MAY FILE A COMPLAINT WITH THE BOARD OF SUPERVISORS CONCERNING AN ORDINANCE, REGULATION OR SUBSTANTIVE POLICY STATEMENT THAT FAILS TO COMPLY WITH A.R.S. §11-1602.