



SUBMITTAL PACKAGE INSTRUCTIONS FOR APPROVAL TO DECOMMISSION WASTEWATER TREATMENT FACILITIES

A certificate of *Approval To Decommission* (ATD) must be obtained from the Maricopa County Environmental Services Department (MCESD) prior to decommissioning work being started on a wastewater project. This submittal package instruction sheet is to be used to apply for an ATD for:

- Wastewater Treatment Facilities
- Wastewater Disposal Systems
- Non-Hazardous Liquid Waste Treatment Facilities
- Other Facility/System Related Components
- Odor Control Systems
- Disinfection Systems

A) SUBMITTAL PACKAGE:

Each project to be reviewed and approved by the MCESD for ATD must be submitted with a transmittal letter, a check for the initial review fee, a completed 'Supplemental Requests for Additional Information' form, an application form and the relevant project design documentation.

Multiple projects cannot be submitted on a single application. However, a project may have multiple components bundled into a single project. For example, a project could include a wastewater treatment facility with an off-site wastewater disposal system. A single project could be submitted for these two components.

SUBMITTAL PACKAGE CHECK LIST:

- Transmittal Letter
- Check for the Initial Review Fee
- Supplemental Requests for Additional Information form
- Application for Approval To Decommission
- Design Documentation (*must be sealed by a Licensed Professional if the constructed value of the project is greater than \$12,500)
 - Design Report*
 - Design Drawings*
 - Technical Specifications*
 - Engineering Calculations*
 - Closure Plan - Required
 - Reports and Studies
 - Other Documentation

For the preliminary review and approval of a project a set of reduced size 17"W x 11" H (ANSI 'B' size) preliminary Design Drawings is preferred. However, if the level of detail on the drawings is very complex and is not discernable on reduced-size drawings, then a set of full size 36"W x 24"H (ANSI 'D' size) Design Drawings should be submitted. All other documentation should be submitted in a binder and be 8-1/2"W x 11"H letter size sheets.

Normally only one copy of the documentation is required for the review. Additional copies may be required if portions of the project need to be reviewed by other programs within the MCESD.

B) FEES

Locate the appropriate fee(s) from the fee schedule table below. Projects that consist of multiple components should list the fee for each individual component on the transmittal letter.

If your application is for an expedited and/or phased review and approval please note this in your transmittal letter and on the check. Expedited reviews double the flat, initial and maximum fee amounts. Phased reviews also double the initial and maximum fee amounts. The check amount should be for the totalized amount of component initial fees adjusted by the applicable expedited and/or phased review multipliers.

For example, for a project that includes the demolition of a wastewater treatment facility with an off-site wastewater disposal system, the following components and fees should be listed in the transmittal letter as follows:

- Wastewater Treatment Facility Fee: \$150.00
- Wastewater Disposal System Fee: \$150.00

The total fee amount for a standard review of the project would be \$300.00. The total fee amount for an expedited review of the project would be \$600.00. The total fee amount for an expedited and phased review of the project would be \$1,200.00.

An expired *Approval To Decommission* certificate can be renewed once within a 6 month period from its date of expiration provided the original design plan is unchanged. An approval of plans and specifications can be renewed for one year if a certificate renewal request is submitted within 180 days of expiration (Maricopa County Environmental Code Chapter 1, Regulation 4). The renewal fee is equal to the one-half the initial base fee amount that is charge for the project.

Approval certificates will not be issued until all fees are paid in full.



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FEE SCHEDULE TABLE – APPROVAL TO DECOMMISSION			
PROJECT COMPONENT TYPE	AMOUNT ^{1,2}	PROJECT COMPONENT TYPE	AMOUNT ^{1,2}
Treatment Plant: < 0.1 million gallons/day (mgd)	\$ 150.00	Odor Control System	\$ 150.00
Treatment Plant: 0.1 to 1 mgd	\$ 150.00	Disinfection System	\$ 150.00
Treatment Plant: > 1 mgd	\$ 150.00	Individual Sewer Pipeline	\$ 150.00
Intake/Turnout/Diversion/Outfall Structure	\$ 150.00	Gravity Sewer Collection System (Note 3)	\$ 150.00
Effluent Disposal System	\$ 150.00	Force Main Sewer System (Note 3)	\$ 150.00
Storage Tank/Reservoir/Basin (Note 3)	\$ 150.00	Other Component (Note 4)	\$ 150.00
Lift Pump Station (Note 3)	\$ 150.00		
Metering Station (Note 3)	\$ 150.00		
Water Quality Monitoring Station	\$ 150.00	Base Plan Review Billing Rate (Note 2)	\$ 130.00/hr

NOTES:

- 1) The fees listed in this table are the base fee (i. e. the initial or flat fee) for a standard review. An expedited review doubles the flat, initial and maximum fee amounts. A phased review also doubles the flat, initial and maximum fee amounts.
- 2) Many of the fees listed in this table are the initial fee for the review. The project's total fee may be more than the initial fee if the number of man hours expended on the project exceeds the initial fee amount. Man hours are billed at the base plan review billing rate modified by the applicable expedited and phased multipliers up to a maximum plan review billing rate of \$260.00/Hour. An invoice will be issued for any additional fees as they become due. Please consult the Maricopa County Environmental Health Code to determine the maximum fee amount that may be billed for a particular component type.
- 3) This type of project is normally submitted to the MCESD's Subdivision, Infrastructure and Planning Program for approval. Please contact the Water and Wastewater Treatment Program before submitting this type of project.
- 4) Please contact the Water and Wastewater Treatment Program before submitting this type of project

C) APPLICATION FORM INSTRUCTIONS

Each section of the application form should be filled out per the following instructions:

1. **PROJECT INFORMATION:**

- a) **REVIEW TYPE** – Check the box indicating if this project requires an *Approval To Decommission* review or if a certificate renewal (time extension) for an existing project is being requested.
- b) **REVIEW MODIFIERS** – Check the box(es) indicating if this project requires an expedited and/or phased review.
- c) **PROJECT CLASS** – The project class is *Wastewater*.
- d) **PROJECT NAME** – The project name must be the same as that appearing on the documentation submitted for the project review.
- e) **PROJECT DESCRIPTION** – The project description should be a brief narrative identifying the capacity, equipment types and quantities, scope and any other relevant details about the project. For treatment facilities identify the treatment process(es) being employed at the plant.
 If the project is being submitted for a phased review then identify each of the different phases of the project.
- f) **SITE LOCATION** – Provide the Name, Address, City, State and ZIP Code for the site associated with the project. If more than one site is associated with the project then attach additional pages to this application containing the site information (location, GPS coordinates and height, and parcel numbers) for each site.
- g) **SITE GPS COORDINATES** – Provide the GPS latitude and longitude coordinates and the height of the site associated with the project. The GPS coordinates should be in NAD 83 decimal degree unit format (i.e. ###.##### format) and the height should be in decimal feet format (i.e. #####.## format).
- h) **SITE PARCEL NUMBER(S)** – Provide the parcel number(s) for the site associated with the project. Parcel numbers may be obtained from the Maricopa County Assessor's website (www.maricopa.gov/Assessor) by doing a parcel search.



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- i) **QUANTITIES** – Identify the quantity of each of type of component applicable to the project.

Components that are integral to a wastewater treatment facility and are physically located on-site at the facility do not need to be identified separately. For example, an on-site lift station at a wastewater treatment plant's headworks does not need to be identified as a separate component of the project. However, if the lift station is physically located off-site from the plant then it needs to be identified as a separate project component.

2. **PERMIT/SYSTEM INFORMATION:**

- a) **PERMIT NUMBER** – Provide the Maricopa County Environmental Services Department (MCESD) permit number (37####) for the wastewater system. Contact the Water and Wastewater Treatment Program if you need assistance obtaining the permit number.
- b) **SYSTEM ID #** – Provide the Wastewater System (WWS) identification number (AZ-04-37-###). Contact the Water and Wastewater Treatment Program if you need assistance obtaining the system identification number.
- c) **SYSTEM NAME** – Provide the name of the Wastewater System (WWS). Contact the Water and Wastewater Treatment Program if you need assistance obtaining the system name.
- d) **OTHER PERMITS REQUIRED** – Check each category where a permit is required to be closed or modified by another agency such as the Arizona Department of Environmental Quality (ADEQ), Arizona Department of Water Resources (ADWR), Maricopa County Planning and Development Department (MCPDD), etc. for the project.

3. **DOCUMENTS:**

Check the appropriate check box(es) indicating the types of documents being submitted for the project. Add any additional comments as required.

4. **PROJECT OWNER:**

Provide the firm's company and department name, contact person's information and address of the project owner for the project. Add any additional comments as required. This section is required to be completed.

The project owner may be the system owner or a fiduciary agent acting on behalf of the system owner. A fiduciary agent is an individual, corporation or association holding assets for the system owner, with the legal authority and duty to make decisions regarding financial matters for the project on behalf of the system owner.

Typically the fiduciary agent would be a developer that has entered into an agreement with the system owner to decommission existing system infrastructure in return for entitlements or other benefits. The developer acts on behalf of the system owner in the decommissioning of the existing infrastructure.

5. **BILLING ADDRESS:**

Provide the firm's company and department name, contact person's information and address of the organization responsible for payment of future invoices for the project. Add any additional comments as required. This section is required to be completed.

Check the Project Owner check box if the billing address information the same as the project owner.

6. **LICENSED PROFESSIONAL:**

Provide the firm's company and department name, responsible engineer's/architect's information and address of the engineering/architectural consultant for the project. Provide the firm's and the responsible engineer/architect's Arizona State Board of Technical Registration license numbers. Add any additional comments as required.

The engineer/architect in responsible charge of the project must be registered in the State of Arizona if the demolition work value of the project is greater than \$12,500. Check the 'Not Applicable' check box if the demolition work value of the project is less than or equal to \$12,500.

The engineering/architectural firm employing the engineer/architect in responsible charge of the project must also be registered with the Arizona State Board of Technical Registration to submit a project to the MCESD.



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7. MAILING ADDRESS:

Provide the firm's company and department name, contact person's information and address of the organization that should receive general correspondence related to the project such as design review comments, information requests and other types of general correspondence. Add any additional comments as required.

Check the Project Owner, Billing Address, Licensed Professional, System Owner or Applicant check box if the mailing address information is the same as one of these entities.

8. SYSTEM OWNER:

Provide the firm's company and department name, contact person's information and address of the system owner for the project. Add any additional comments as required.

The owner of a wastewater system, including the system components (storage reservoirs/tanks/basins, lift stations, pipelines, treatment facilities, etc.), must be a government agency such as a municipality, a public utility (i.e. a utility operating as a public service corporation under the rules and regulations administered by the Arizona Corporation Commission) or a private utility.

Check the Project Owner, Billing Address, Licensed Professional, Mailing Address or Applicant check box if the system owner information is the same as one of these entities.

9. APPLICANT:

Provide the firm's company and department name, contact person's information and address of the applicant for the project. Add any additional comments as required.

Check the Project Owner, Billing Address, Licensed Professional, Mailing Address or System Owner check box if the applicant information is the same as one of these entities.

10. PERSONS AUTHORIZING THE PROJECT:

Provide the name and title for each representative authorizing the project within the system owner's and project owner's organizations. Each representative must sign and date the application in the spaces provided. This section is required to be completed.

The representative authorizing the project on behalf of the system owner must be a person responsible for the administration of capital improvement and/or infrastructure projects within the system owner's organization.

The representative authorizing the project on behalf of the project owner must be a person with fiduciary responsibilities for the project within the project owner's organization. If the system owner is also the project owner then check the System Owner check box and leave the project owner subsection blank.

11. FINANCIAL RESPONSIBILITY STATEMENT:

Provide the name and title of the fiduciary agent within the project owner's organization who will be responsible for this project. The representative must sign and date the application in the spaces provided. This section is required to be completed.

The person or organization signing this acknowledgement will be responsible for all fees associated with this project and is subject to permit cancellation or suspension of work on this or any other plan review projects the responsible financial party has submitted to the department should the project become delinquent due to non-payment of plan review fees.

12. DECOMMISSIONING AGREEMENT:

Provide the name and title of the representative who will be in responsible charge for the decommissioning of this project within the project owner's organization. The representative must sign and date the application in the spaces provided. This section is required to be completed.

The person or organization signing this acknowledgement will be responsible for ensuring that the wastewater facilities are decommissioned according to the approved plan documents.

Provide the estimated decommissioning start date and decommissioning completion dates for this project.

**Environmental Services Department
Water and Waste Management Division
501 N. 44th St., Suite 200
Phoenix, AZ 85008**



**Water and Wastewater Treatment Program
Telephone: (602) 372-2861
Facsimile: (602) 506-6925
E-mail: WWM_TPP@mail.maricopa.gov**

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13. CORRESPONDENCE ROUTING:

Check the appropriate check box(es) identifying what organization(s) should receive copies of approval certificates. Please note that all original approval certificates will be mailed to the System Owner.

D) SUBMISSION AND CONTACT INFORMATION:

Send the submittal package to:

**MARICOPA COUNTY ENVIRONMENTAL SERVICES DEPARTMENT
WATER AND WASTEWATER TREATMENT PROGRAM
1001 NORTH CENTRAL AVENUE, SUITE 150
PHOENIX, AZ 85004-1940**

If you have any questions please contact the MCESD at the following telephone, fax or e-mail address:

Telephone: (602) 372-2861

Facsimile: (602) 506-6925

E-Mail: WWM_TPP@mail.maricopa.gov

Visit our webpage at www.maricopa.gov/EnvSvc/WaterWaste for additional information about how to submit projects to the MCESD's Water and Wastewater Treatment Program.



**APPROVAL PROCESS NOTICE FOR APPROVAL TO DECOMMISSION
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1. Steps required to obtain an 'Approval To Decommission' approval are as follows:
 - a. Submit a completed application together with the applicable application fees and the required submittal package plan review documentation as identified in this application packet.
 - b. Provide any additional plan review documentation required by the Department to complete the plan review process.
 - c. Provide a satisfactory response to all review comments issued by the Department to complete the plan review process. If the response is not provided within 365 days of the request for information, the project will be deemed to be denied.
 - d. Submit payment for any balance due for plan review services rendered by the Department within 30 days from the invoice request date.

An 'Approval To Decommission' approval shall lapse and become invalid one year from the date of approval unless:

- A substantial portion of the work described in the plans and specifications has commenced by such anniversary date, or
- An application for a one-time renewal is submitted within 180 days of expiration. A fee equal to one-half (1/2) of the flat fee or initial plan review fee is required. The approval will be effective for one year from the date of expiration.

An 'Approval To Decommission' approval becomes void if an extension of time is not granted by the Department if:

- Demolition does not begin within one year after the date the 'Approval To Decommission' approval was issued.
- There is a halt in demolition of more than one year.
- Demolition is not completed within three years after the date the 'Approval To Decommission' approval was issued.

2. The Department will approve or deny the application within the licensing time frame specified in Table 1, excluding any days the application is returned to the applicant for additional information. This overall licensing time frame is set by Maricopa County Ordinance and as required by A.R.S. §11-1605.

Table 1 – Licensing Time Frames				
No.	Fee Category	Administrative Time (Days)	Substantive Time (days)	Overall Time (days)
64	Sewer Collection System Force Mains	42	53	95
65	Sewer Collection System Gravity Sewer	42	53	95
70	Wastewater – Sewer Lift Station	42	53	95
85	Non-Hazardous Liquid Waste Transfer Facility	42	94	136
86	Wastewater Treatment Plant	35	186	221
87	Treatment System Plan - Wastewater	42	94	136

3. Department contact information regarding your application:

Telephone: 602-372-2861
 E-mail: WWM_TPP@mail.maricopa.gov
 Website: <http://www.maricopa.gov/EnvSvc/WaterWaste/WWT/WWT.aspx>
4. You may request a clarification from the Department of its interpretation or application of a statute, ordinance, regulation, delegation agreement or authorized substantive policy statement as provided in A.R.S. § 11-1609. Contact us by e-mail, telephone, in person or mail to the address listed at the top of the page, marked 'Attention: Water and Wastewater Treatment Program'.



**APPLICATION FOR APPROVAL TO DECOMMISSION
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1. PROJECT INFORMATION:		DATE SUBMITTED:
REVIEW TYPE: <input type="checkbox"/> Approval To Decommission <input type="checkbox"/> Certificate Renewal	REVIEW MODIFIERS: <input type="checkbox"/> Expedited <input type="checkbox"/> Phased	
PROJECT CLASS: <input checked="" type="checkbox"/> Wastewater		
PROJECT NAME:		
PROJECT DESCRIPTION:		
SITE LOCATION: _____ <small>(Name, Address, City, State, ZIP Code)</small>		SITE PARCEL NUMBER(S):
SITE GPS COORDINATES: Latitude (N): _____ Longitude (W): _____ Height (Feet): _____		
QUANTITIES: (List the quantities for each component type applicable to the project)		
_____ Disinfection System(s)	_____ Storage Tank/Reservoirs/Basin(s)	
_____ Effluent Disposal System(s)	_____ Treatment Facility: < 0.1 MGD	
_____ Force Main (Quantity=Number of Connections)	_____ Treatment Facility: 0.1 - 1.0 MGD	
_____ Gravity Sewer (Quantity=Number of Connections)	_____ Treatment Facility: > 1.0 MGD	
_____ Intake/Turnout/Diversion/Outfall Structure(s)	_____ Water Quality Monitoring Station(s)	
_____ Lift Station(s)		
_____ Metering Station(s)		
_____ Odor Control Station(s)		
_____ Other Component(s): _____		
2. PERMIT/SYSTEM INFORMATION:		
MCESD PERMIT NUMBER:		
SYSTEM ID #: AZ - 04 - 37 -	SYSTEM NAME:	
OTHER PERMITS: (Check each category where a permit is required to be closed or modified for this project)		
<input type="checkbox"/> ADEQ AZPDES Permit	<input type="checkbox"/> ADWR U/G Storage Facility Permit	<input type="checkbox"/> Municipal/Public Utility Pretreatment Permit
<input type="checkbox"/> ADEQ Aquifer Protection Permit	<input type="checkbox"/> ADWR Water Storage Permit	<input type="checkbox"/> MCPDD Special Use Permit
<input type="checkbox"/> ADEQ Reclaimed Water Permit	<input type="checkbox"/> ADWR Recovery Well Permit	<input type="checkbox"/> Other: _____
3. DOCUMENTS: (Check each applicable document type being submitted for this project - * items are usually required to be submitted for an ATD)		
<input type="checkbox"/> Design Report	<input type="checkbox"/> Master Plan	<input type="checkbox"/> Water Quality Analysis Report
<input type="checkbox"/> Design Drawings*	<input type="checkbox"/> Pilot Testing Plan	<input type="checkbox"/> Remediation Plan
<input type="checkbox"/> Technical Specifications	<input type="checkbox"/> Pilot Testing Results	<input type="checkbox"/> Closure Plan*
<input type="checkbox"/> Engineering Calculations	<input type="checkbox"/> Startup Testing Plan	<input type="checkbox"/> Copies of Permits/Certificates
<input type="checkbox"/> Manufacturer's Documentation	<input type="checkbox"/> Startup Testing Results	<input type="checkbox"/> Recorded Legal Easements/Documents
<input type="checkbox"/> Operations & Maintenance Manual	<input type="checkbox"/> Operational Log/Report	<input type="checkbox"/> Signed Service or Extension Agreements
<input type="checkbox"/> Certificate of Completion	<input type="checkbox"/> Disinfection Test Results	<input type="checkbox"/> Sewer Capacity Letter
<input type="checkbox"/> Other: _____		
COMMENTS:		



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4. PROJECT OWNER: (Required)			
FIRM:			
Company:		Department:	
CONTACT PERSON:			
Name:		Title:	
Telephone:	Mobile:	Facsimile:	
E-mail:		Website:	
ADDRESS:			
Line 1:			
Line 2:			
Line 3:			
City:	State:	ZIP Code:	Country:
COMMENTS:			
5. BILLING ADDRESS: (Required)			Same As: <input type="checkbox"/> Project Owner
FIRM:			
Company:		Department:	
CONTACT PERSON:			
Name:		Title:	
Telephone:	Mobile:	Facsimile:	
E-mail:		Website:	
ADDRESS:			
Line 1:			
Line 2:			
Line 3:			
City:	State:	ZIP Code:	Country:
COMMENTS:			
6. LICENSED PROFESSIONAL: (Required unless project's demolition work value < \$12,500)			<input type="checkbox"/> Not Applicable
FIRM:			
Company:		Department:	AZ License #
RESPONSIBLE ENGINEER/ARCHITECT:			
Name:		Title:	AZ License #
Telephone:	Mobile:	Facsimile:	
E-mail:		Website:	
ADDRESS:			
Line 1:			
Line 2:			
Line 3:			
City:	State:	ZIP Code:	Country:
COMMENTS:			



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7. MAILING ADDRESS: Same As: <input type="checkbox"/> Project Owner <input type="checkbox"/> Billing Address <input type="checkbox"/> Licensed Professional <input type="checkbox"/> System Owner <input type="checkbox"/> Applicant			
FIRM:			
Company:		Department:	
CONTACT PERSON:			
Name:		Title:	
Telephone:	Mobile:	Facsimile:	
E-mail:		Website:	
ADDRESS:			
Line 1:			
Line 2:			
Line 3:			
City:	State:	ZIP Code:	Country:
COMMENTS:			
8. SYSTEM OWNER: Same As: <input type="checkbox"/> Project Owner <input type="checkbox"/> Billing Address <input type="checkbox"/> Licensed Professional <input type="checkbox"/> Mailing Address <input type="checkbox"/> Applicant			
FIRM:			
Company:		Department:	
CONTACT PERSON:			
Name:		Title:	
Telephone:	Mobile:	Facsimile:	
E-mail:		Website:	
ADDRESS:			
Line 1:			
Line 2:			
Line 3:			
City:	State:	ZIP Code:	Country:
COMMENTS:			
9. APPLICANT: Same As: <input type="checkbox"/> Project Owner <input type="checkbox"/> Billing Address <input type="checkbox"/> Licensed Professional <input type="checkbox"/> Mailing Address <input type="checkbox"/> System Owner			
FIRM:			
Company:		Department:	
CONTACT PERSON:			
Name:		Title:	
Telephone:	Mobile:	Facsimile:	
E-mail:		Website:	
ADDRESS:			
Line 1:			
Line 2:			
Line 3:			
City:	State:	ZIP Code:	Country:
COMMENTS:			



**APPLICATION FOR APPROVAL TO DECOMMISSION
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10. PERSONS AUTHORIZING THE PROJECT: (Required)

SYSTEM OWNER'S REPRESENTATIVE:	
Name:	Title:
Signature:	Date:
PROJECT OWNER'S REPRESENTATIVE: Same As: <input type="checkbox"/> System Owner	
Name:	Title:
Signature:	Date:

11. FINANCIAL RESPONSIBILITY STATEMENT: (Required)

By signing and submitting this application, I acknowledge my responsibility to reimburse Maricopa County for any and all reasonable costs incurred in processing this application, even if an approval or permit is never issued. Should I decide to cancel this application at any time after submitting it, I will immediately notify Maricopa County in writing of my intent to cancel. Such notification will not relieve me of my responsibility to reimburse Maricopa County for application processing costs incurred up to and including the date that my written cancellation notice was received by Maricopa County.

Name:	Title:
Signature:	Date:

12. DECOMMISSIONING AGREEMENT: (Required)

The undersigned hereby agrees to decommission the wastewater facilities according to the approved plan documents.

PROJECT OWNER'S REPRESENTATIVE:

Name:	Title:
Signature:	Date:
Estimate Decommissioning Start Date:	Estimate Decommissioning End Date:

13. CORRESPONDENCE ROUTING:

<input type="checkbox"/> Copy Project Owner on Approvals	<input type="checkbox"/> Copy Licensed Professional on Approvals	<input type="checkbox"/> Copy System Owner on Approvals
<input type="checkbox"/> Copy Billing Address on Approvals	<input type="checkbox"/> Copy Mailing Address on Approvals	<input type="checkbox"/> Copy Applicant on Approvals
<input type="checkbox"/> Other: _____		

FOR INTERNAL USE ONLY			
Date Submitted: _____	Project Number: _____	Reviewer: _____	Fees Paid: <input type="checkbox"/>