



# Maricopa County

Air Quality Department

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

501 N. 44<sup>th</sup> Street, Suite 200

Phoenix, AZ 85008

Phone (602) 372-1071

## PERMIT NAME CHANGE REQUEST

(Dust control permits only)

Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Existing Permit Holder: \_\_\_\_\_

Address: \_\_\_\_\_

New Permit Holder: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Name Change: \_\_\_\_\_

### SPECIAL INSTRUCTIONS

**Must attach new** Application front sheet with an original signature: Previously approved dust control plan will stay in effect or new dust control plan can be submitted for review and approval:

Existing permit holder release authorization:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title and Company of authorizing agent: \_\_\_\_\_

New permit holder acceptance of permit:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title and Company of authorizing agent Approved by: \_\_\_\_\_

Date: \_\_\_\_\_