



P I N A L • C O U N T Y
wide open opportunity

PINAL COUNTY AIR QUALITY CONTROL
Attainment Area Registration Application Form

PO Box 987, Florence, AZ 85132
Phone (520) 866-6929
Fax (520) 866-6967

ATT

For Office Use Only

Permit #		Date Issued:	
Approved By:			

IS MY APPLICATION COMPLETE?

- 1. **Dust control registration application form:** Completely answer all questions; fill in all blanks and check boxes as appropriate, in both the applicant and project information areas of the form.
- 2. **Is this permit a Block Utility permit?** Yes No If **Yes** attach a Block Utility Worksite Location Form.
- 3. **Plot Plan or Site Drawing:** Each application shall include a plot plan with linear dimensions in feet. The plot plan **must** be on 8.5 X11 inch paper, and may be on one or more sheets. The plot plan should show:
 - a. Entire project site/facility boundaries
 - b. Acres to be disturbed with linear dimensions
 - c. Nearest public roads
 - d. North arrow
 - e. Planned exit location onto paved areas accessible to the public
 - f. Assessor's Parcel number(s)
 - g. Street Address (if available)
 - h. Parking Staging Locations
 - i. calculation of total area disturbed
 - j. Ensure that offsite work is covered (Roadway/Utility)
- 4. **Assessor's Parcel Information:** If your site is a multi-parcel site a complete and accurate listing of every parcel is required and shall be listed on an Assessor Parcel List form which will need to be attached to this application.
- 5. **Fee Payment:** Have the appropriate fee ready when submitting the completed application. Fees can be paid with a check or money order when submitting the application in person or by mail.

APPLICANT INFORMATION

Applicant Information must be fully and accurately completed, including full legal names of entities and individuals (no DBA's or trade names).

Section 1. Applicant (Entity to which the permit will be issued)

Relationship to Property (Check all that apply):

- Property Owner General/Prime Contractor Sub-Contractor Developer Lessee

Type of Entity:

- Corporation LLC Company or Partnership Sole Proprietor Individual Government

Name:

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____ Fax: _____

Email Address:

Local Mailing Address (if not the same as above)

Section 2. Primary Project Contact

Name: _____ Title: _____ Email: _____

Office Phone: _____ Mobile: _____ Fax: _____

Section 3. Property Owner/Developer

Type of Entity:

- Corporation LLC Company or Partnership Sole Proprietor Individual Government

Name: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____ Fax: _____

Owner'(s)/Developer Contact Person: _____ Title: _____

Contact Phone: _____ Contact Mobile: _____ Contact Fax: _____

PROJECT INFORMATION

Section 4. Name of Project

Project Name: _____ Is this a permit renewal? **Yes** **No** If **Yes** Provide Previous Permit #: _____

*Permit renewals must be submitted prior to the expiration of the original permit term. (A complete and accurate assessor's parcel list is required).

Section 5. Project Location (attach a Assessor's Parcel form for multiple parcel permits)

Street Address: _____ City/Area: _____ Unincorporated Area (County) Incorporated (City)

Nearest Cross Street North/South: _____ Nearest Cross Street East/West: _____

County Assessor's Parcel Number(s): _____ Book: _____ Map: _____ Parcel: _____ *Attach Assessor Parcel List if multiples

Community Number(s) Phase(s): _____ Coordinates: _____ Township: _____ Range: _____ Section: _____

Section 6. Project Scope/Acres of Disturbance (fill in all that apply)

Residential Single-Family: _____ *Enter Acres to be Disturbed Residential Multi-Unit: _____ *Enter Acres to be Disturbed

Commercial: _____ *Enter Acres to be Disturbed Road Construction: _____ *Enter Acres to be Disturbed

Trenching: _____ *Enter Acres to be Disturbed Demolition: _____ *Enter Acres to be Disturbed

Weed Control: _____ *Enter Acres to be Disturbed Site Prep/Land Development: _____ *Enter Acres to be Disturbed

Temporary Storage Yard: _____ *Enter Acres to be Disturbed *Each surface area may fall into multiple categories

Section 7. Earthmoving/Disturbance Activity (check all that apply)

Land Stripping Trenching Grading Land Leveling Contouring the Earth Bulk Material Work
 Drilling Back filling Excavating Stockpiling Cutting/Filling Block Utility Work
 Grubbing Demolition Landscaping Blasting Weed Abatement Discing / Blading
 Parking Vehicle Traffic Utility Work Paving Storage Area(s) Other: _____

CONTROL MEASURES

Section 8. Control Measures

Control Measures to be used to control fugitive dust: _____

PERMIT ADMINISTRATION

Section 9. Attachments

Plot Plan Assessor Parcel List Form Block Utility Worksite Location Form Other: _____

Section 10. Fee Payment Information

Total Area Disturbed: _____ Late Fee (if applicable): _____ Total Fee(s) Due: _____ Check/MO #: _____

Section 11. Permit Technician* *Person Completing Application

Name: _____ Title: _____ Email Address: _____

Phone: _____ Mobile: _____ Fax: _____

Section 12. Signature Affirmation

The undersigned states and certifies that, based on the information and belief formed after reasonable inquiry, the statements and information in this document and supporting materials are true, accurate and complete. This registration expires one year from date of issuance. **Knowingly presenting a false certification constitutes a criminal offense under A.R.S. §13-2704.**

Print Name: _____

Title: _____

Company: _____

Signature: _____

Date: _____