



Maricopa County Environmental Services Department
Water and Waste Division
 301 W. Jefferson St., Suite 1070
 Phoenix, AZ 85003



Phone: 602-506-6666

Email: ENVSolidWaste@maricopa.gov

Fax:602-506-6925

PERMIT APPLICATION FOR WATER & WASTE COMPLIANCE PERMITS

| | | | |
|---|----------|-----------|--|
| PERMIT INFORMATION | | | |
| Company Name: | | | |
| Permitted Item's Address/Storage Location Address: | | | |
| City: | State: | Zip Code: | |
| OWNER INFORMATION | | | |
| Organization Name (LLC, Inc., Sole Proprietor Name): | | | |
| Owner's Name: | Email: | | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Phone No.: | Cell No: | Fax No.: | |
| BILLING INFORMATION Same As: <input type="checkbox"/> Owner | | | |
| Contact Organization Name: | | | |
| Contact Name: | Email: | | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Phone No.: | Cell No: | Fax No.: | |
| INSPECTION CONTACT INFORMATION Same As: <input type="checkbox"/> Owner <input type="checkbox"/> Billing | | | |
| Contact Name: | | | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Phone No.: | Cell No: | Fax No.: | |
| MAILING INFORMATION Same As: <input type="checkbox"/> Owner <input type="checkbox"/> Billing | | | |
| Contact Name: | | | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Phone No.: | Cell No: | Fax No.: | |
| *****THIS SECTION FOR <input type="checkbox"/> REFUSE COLLECTION VARIANCE OR <input type="checkbox"/> NHLW TRANSFER FACILITY***** | | | |
| LICENSED PROFESSIONAL <input type="checkbox"/> Not Applicable-Project Constructed Value less than \$12,500 | | | |
| Contact Organization Name: | | | |
| Contact Name: | Email: | | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Phone No.: | Cell No: | Fax No.: | |
| AUTHORIZED AGENT Same As: <input type="checkbox"/> Business/Project Owner <input type="checkbox"/> Licensed Professional | | | |
| Contact Organization Name: | | | |
| Contact Name: | Email: | | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Phone No.: | Cell No: | Fax No.: | |
| PROJECT INSTALLER Same As: <input type="checkbox"/> Business/Project Owner <input type="checkbox"/> Licensed Professional <input type="checkbox"/> Authorized Agent | | | |
| Contact Organization Name: | | | |
| Contact Name: | Email: | | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Phone No.: | Cell No: | Fax No.: | |



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PERMIT SPECIFIC INFORMATION

TYPE OF APPLICATION:

- NON-HAZARDOUS SOLID WASTE HAULER (REFUSE HAULER)
- NON-HAZARDOUS LIQUID WASTE HAULER
- BIO-HAZARDOUS MEDICAL WASTE HAULER
- POTABLE WATER HAULER

- LANDFILL
- MOBILE HOME PARK
- NHLW TRANSFER FACILITY
- REFUSE COLLECTION VARIANCE
(SKIP THIS PAGE, GO TO PAGE 3)

| | | | |
|---------------------------------------|--|-------------------------|---|
| Office Use Only Permit #: _____ | <input type="checkbox"/> VEHICLE <input type="checkbox"/> TRAILER <input type="checkbox"/> CONTAINER | Vehicle/Trailer No.: | Year: |
| | | License Plate State: | Make: |
| | | License Plate Number: | Type: |
| | | VIN/Identification No.: | Disposal Site: |
| | | ADEQ Registration No.: | Tank Capacity: |
| | | Tank Serial No: | Tank Bottom Drain: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Permit #: _____ | <input type="checkbox"/> VEHICLE <input type="checkbox"/> TRAILER <input type="checkbox"/> CONTAINER | Vehicle/Trailer No.: | Year: |
| | | License Plate State: | Make: |
| | | License Plate Number: | Type: |
| | | VIN/Identification No.: | Disposal Site: |
| | | ADEQ Registration No.: | Tank Capacity: |
| | | Tank Serial No: | Tank Bottom Drain: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Permit #: _____ | <input type="checkbox"/> VEHICLE <input type="checkbox"/> TRAILER <input type="checkbox"/> CONTAINER | Vehicle/Trailer No.: | Year: |
| | | License Plate State: | Make: |
| | | License Plate Number: | Type: |
| | | VIN/Identification No.: | Disposal Site: |
| | | ADEQ Registration No.: | Tank Capacity: |
| | | Tank Serial No: | Tank Bottom Drain: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Permit #: _____ | <input type="checkbox"/> VEHICLE <input type="checkbox"/> TRAILER <input type="checkbox"/> CONTAINER | Vehicle/Trailer No.: | Year: |
| | | License Plate State: | Make: |
| | | License Plate Number: | Type: |
| | | VIN/Identification No.: | Disposal Site: |
| | | ADEQ Registration No.: | Tank Capacity: |
| | | Tank Serial No: | Tank Bottom Drain: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Permit #: _____ | <input type="checkbox"/> VEHICLE <input type="checkbox"/> TRAILER <input type="checkbox"/> CONTAINER | Vehicle/Trailer No.: | Year: |
| | | License Plate State: | Make: |
| | | License Plate Number: | Type: |
| | | VIN/Identification No.: | Disposal Site: |
| | | ADEQ Registration No.: | Tank Capacity: |
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| | | License Plate Number: | Type: |
| | | VIN/Identification No.: | Disposal Site: |
| | | ADEQ Registration No.: | Tank Capacity: |
| | | Tank Serial No: | Tank Bottom Drain: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Permit #: _____ | <input type="checkbox"/> VEHICLE <input type="checkbox"/> TRAILER <input type="checkbox"/> CONTAINER | Vehicle/Trailer No.: | Year: |
| | | License Plate State: | Make: |
| | | License Plate Number: | Type: |
| | | VIN/Identification No.: | Disposal Site: |
| | | ADEQ Registration No.: | Tank Capacity: |
| | | Tank Serial No: | Tank Bottom Drain: <input type="checkbox"/> YES <input type="checkbox"/> NO |



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PORTABLE RESTROOM UNIT OR WASTE HOLDING TANK

| | | | |
|---------------------------------------|-----------------|---------------------------|--|
| Office Use Only Permit #: _____ | Number of Units | Type of Units/Description | |
| | | | |

MOBILE HOME PARKS

| | | | | | |
|---------------------------------------|--|-------------|---|-----|--|
| Office Use Only Permit #: _____ | Number of Spaces: | Water type: | <input type="checkbox"/> INDIVIDUAL WATER SYSTEM (WELL) | | |
| | | | <input type="checkbox"/> PUBLIC WATER SYSTEM | | |
| | Number of Independents: | Sewer type: | <input type="checkbox"/> ISDS (SEPTIC) | | |
| | | | <input type="checkbox"/> PUBLIC SEWER SYSTEM | | |
| Number of Travel: | <input type="checkbox"/> POOL <input type="checkbox"/> SPA | QUANTITY: | POOL | SPA | |

OFFICE USE ONLY

Application Fees (Fees are subject to change)

| Type | Application Fee | Total |
|--|---|-------|
| ATC for Non-Hazardous Liquid Waste Transfer Facility | <input type="checkbox"/> \$150 STANDARD <input type="checkbox"/> \$300 EXPEDITE | |
| Plan Review for Refuse Collection Frequency Variance | <input type="checkbox"/> \$150 STANDARD <input type="checkbox"/> \$300 EXPEDITE | |

For Internal Use Only

| | |
|--------------------------|-----------------|
| Amount Invoiced/Paid: \$ | Submittal Date: |
| Assigned District: | Site Location: |

This establishment must demonstrate sufficient compliance to proceed with the issuance of the permit(s). To complete the issuance of each permit and begin operation, the applicant must first submit payment of the permit fee to the Department's Business Services Office. Per Chapter I, Regulation 4, of the Maricopa County Environmental Health Code, no person shall conduct an operation or an establishment for which a permit is required without holding the necessary and valid permit to do so.

For reference, the following is a list of the annual prices for permits (R 6-23-2010):

- Mobile Home Park \$200
- Landfill \$450
- Refuse Hauler (Non-Hazardous Solid Waste Hauler) \$120 per vehicle
- Non-Hazardous Liquid Waste Hauler \$175 per vehicle
- Bio-Hazardous Medical Waste Hauler \$200 per vehicle
- Drinking Water Hauler \$240 per vehicle
- Portable Restroom Unit or Waste Holding Tank (see table)

| | | | |
|---------------|--------------|-----------------|---------|
| 1-99 units | \$5 per unit | 350-499 units | \$1,500 |
| 100-199 units | \$550 | 500-999 units | \$2,500 |
| 200-349 units | \$1000 | 1000-1499 units | \$4,500 |

APPLICANT SIGNATURE

Pursuant to A.R.S. § 41-1009, the Department may enter your establishment to conduct inspections. You have the right to receive a copy of the Department's inspection report at the time of the inspection, within thirty (30) days after the inspection, or as otherwise provided by federal law. By initialing below, I agree that the Department may send me a copy of its inspection report by e-mail to the following email address:

_____ or by facsimile transmission to the following fax number: _____
 (Permit Owner/Holder) Initials: _____ It is the responsibility of the permit holder to update the Department if there is a change in contact information.

I, the undersigned, do hereby agree to assume complete responsibility for full compliance with all applicable statutes, rules and regulations for the work requested. The undersigned hereby requests that MCESD/Water and Waste Management Division conduct the appropriate review for the item listed on the application and supplies the undersigned with the associated results. All notifications of completed procedures or other written correspondence will be delivered in person, by mail or in electronic form. Per Maricopa County Environmental Health Code, this application will expire one year from date of application unless renewed.

Signature: _____ Date: _____