



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

PINAL COUNTY AIR QUALITY CONTROL

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

General Area Dust Application

Completed applications that are received through email or fax after 3:00 p.m. will be processed the next business day. All required documentation must accompany application.

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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:

<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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)
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- 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:
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Phone:	Mobile:	Fax:
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Email Address:

Section 2. Primary Project Contact

Name:	Title:	Email:
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Office Phone:	Mobile:	Fax:
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Section 3. Property Owner/Developer

Type of Entity:

- Corporation
 LLC Company or Partnership
 Sole Proprietor
 Individual
 Government

Name:	Email Address:
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Address:	City:	State:	Zip:
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Phone:	Mobile:	Fax:
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Owner'(s)/Developer Contact Person:	Title:
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Contact Phone:	Contact Mobile:	Contact Fax:
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PROJECT INFORMATION**Section 4. Name of Project**Project Name/Intended Use: _____ Is this a 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: _____	*Acres	Residential Multi-Unit: _____	*Acres
Commercial: _____	*Acres	Road Construction: _____	*Acres
Trenching: _____	*Linear Feet	Demolition: _____	*Acres
Weed Control: _____	*Acres	Site Prep/Land Development: _____	*Acres
Temporary Storage Yard: _____	*Acres	*Each surface area may fall into multiple categories	

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

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