

# PINAL COUNTY AIR QUALITY CONTROL



**PINAL COUNTY**  
WIDE OPEN OPPORTUNITY

Phone (520) 866-6929

## General Area Dust Application

### 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:** Fees can be paid with a check, money order, or credit card when submitting the application in person. Online requests can only be paid with a credit card.

### 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: \_\_\_\_\_

#### 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/Intended Use**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: \_\_\_\_\_