



SUBMITTAL PACKAGE INSTRUCTIONS FOR APPROVAL OF PROPOSED PLAN WATER OR WASTEWATER TREATMENT, RECLAIMED WATER OR REUSE FACILITIES

A certificate of *Approval Of Proposed Plan* (AOPP) must be obtained from the Maricopa County Environmental Services Department (MCESD) for any *non-construction* related change made to a drinking water, reclaimed water, reuse or wastewater facility or system that affects the capacity, quality, flow, location or operational performance of the facility or system. If *new construction or physical modification* to a drinking water, reclaimed water, reuse or wastewater facility or system is required a certificate of *Approval To Construct* (ATC) must be obtained from the MCESD. This submittal package instruction sheet is to be used to apply for an AOPP related to:

- Water Treatment Facilities
- Ground Water Treatment Facilities
- Wastewater Treatment Facilities
- Wastewater Disposal Systems
- Non-Hazardous Liquid Waste Treatment Facilities
- Reclaimed Water Recharge/Recovery Facilities
- Reclaimed Water Reuse Facilities
- Other Facility/System Related Components
- Point-Of-Use Treatment Systems
- Odor Control Systems
- Disinfection Systems
- Blending Systems

A) SUBMITTAL PACKAGE:

Each project to be reviewed and approved by the MCESD for AOPP must be submitted with a transmittal letter, a check for the initial review fee, a completed 'Supplemental Requests for Additional Information' form, an application form and the relevant project design documentation.

Each project must be for a single project class (i.e. drinking water, reclaimed water, reuse or wastewater) and a single plan type. Multiple plans cannot be submitted on a single application.

SUBMITTAL PACKAGE CHECK LIST:

- Transmittal Letter
- Check for the Initial Review Fee
- Supplemental Requests for Additional Information form
- Application for Approval Of Proposed Plan
- Design Documentation (*may be required to be sealed by a Licensed Professional)
 - Design Report*
 - Design Drawings*
 - Technical Specifications*
 - Engineering Calculations*
 - Reports and Studies
 - Other Documentation

For the review and approval of a project a set of reduced size 17"W x 11" H (ANSI 'B' size) preliminary Design Drawings is preferred. However, if the level of detail on the drawings is very complex and is not discernable on reduced-size drawings, then a set of full size 36"W x 24"H (ANSI 'D' size) Design Drawings should be submitted. All other documentation should be submitted in a binder and be 8-1/2"W x 11"H letter size sheets.

Normally only one copy of the documentation is required for the review. Additional copies may be required if portions of the project need to be reviewed by other programs within the MCESD.

B) FEES

Locate the appropriate fee from the fee schedule table below. The plan type and fee should be listed on the transmittal letter.

If your application is for an expedited review and approval please note this in your transmittal letter and on the check. Expedited reviews double the flat, initial and maximum fee amounts. The check amount should be for the initial fee amount adjusted by the applicable expedited review multiplier.

For example, for a project that is being submitted for a blending plan approval, the following plan type and fee should be listed in the transmittal letter as follows:

- Blending Plan Fee: \$150.00

The total fee amount for a standard review of the project would be \$150.00. The total fee amount for an expedited review of the project would be \$300.00.

An expired *Approval Of Proposed Plan* certificate can be renewed once within a 6 month period from its date of expiration provided the original plan is unchanged. An approval of plans and specifications can be renewed for one year if a certificate renewal request is submitted within 180 days of expiration (Maricopa County Environmental Code Chapter 1, Regulation 4). The renewal fee is equal to the one-half initial base fee amount that is charge for the project.

Approval certificates will not be issued until all fees are paid in full.



**SUBMITTAL PACKAGE INSTRUCTIONS FOR APPROVAL OF PROPOSED PLAN
 WATER OR WASTEWATER TREATMENT, RECLAIMED WATER OR REUSE FACILITIES**

| FEE SCHEDULE TABLE – APPROVAL OF PROPOSED PLAN | | | |
|--|-----------------------|---|-----------------------|
| PROJECT COMPONENT TYPE | AMOUNT ^{1,2} | PROJECT COMPONENT TYPE | AMOUNT ^{1,2} |
| Treatment Plan | \$ 150.00 | Odor Control Plan | \$ 150.00 |
| Blending Plan | \$ 150.00 | Remediation Plan | \$ 150.00 |
| Disinfection Plan | \$ 150.00 | Consent Agreement Plan | \$ 150.00 |
| Rerating Plan | \$ 150.00 | Other Plan (Note 3) | \$ 150.00 |
| Master Plan | \$ 150.00 | MAG 208 Certification | \$ 150.00 |
| Pilot Testing Plan | \$ 150.00 | Experimental Project (No Construction – See Note 3) | \$ 300.00 |
| Validation Testing Plan | \$ 150.00 | | |
| Operations & Maintenance Plan | \$ 150.00 | | |
| Noise Abatement Plan | \$ 150.00 | Base Plan Review Billing Rate (Note 2) | \$ 130.00/hr |

NOTES:

- 1) The fees listed in this table are the base fee (i. e. the initial or flat fee) for a standard review. An expedited review doubles the flat, initial and maximum fee amounts.
- 2) Many of the fees listed in this table are the initial fee for the review. The project’s total fee may be more than the initial fee if the number of man hours expended on the project exceeds the initial fee amount. Man hours are billed at the base plan review billing rate modified by the applicable expedited multiplier up to a maximum plan review billing rate of \$260.00/Hour. An invoice will be issued for any additional fees as they become due. Please consult the Maricopa County Environmental Health Code to determine the maximum fee amount that may be billed for a particular plan type.
- 3) Please contact the Water and Wastewater Treatment Program before submitting this type of project.

C) APPLICATION FORM INSTRUCTIONS

Each section of the application form should be filled out per the following instructions:

1. PROJECT INFORMATION:

- a) **REVIEW TYPE** – Check the box indicating if this project requires an *Approval Of Proposed Plan* review or if a certificate renewal (time extension) for an existing project is being requested.
- b) **REVIEW MODIFIERS** – Check the box indicating if this project requires an expedited review.
- c) **PROJECT CLASS** – Check the appropriate box identifying the applicable project class.
- d) **PROJECT NAME** – The project name must be the same as that appearing on the documentation submitted for the project review.
- e) **PROJECT DESCRIPTION** – The project description should be a brief narrative identifying the capacity, equipment types and quantities, scope and any other relevant details about the project.
- f) **SITE LOCATION** – Provide the Name, Address, City, State and ZIP Code for the site associated with the project. If more than one site is associated with the project then attach additional pages to this application containing the site information (location, GPS coordinates and height, and parcel numbers) for each site. Leave blank if no site is associated with this project.
- g) **SITE GPS COORDINATES** – Provide the GPS latitude and longitude coordinates and the height of the site associated with the project. The GPS coordinates should be in NAD 83 decimal degree unit format (i.e. ###.##### format) and the height should be in decimal feet format (i.e. #####.## format). Leave blank if no site is associated with this project.
- h) **SITE PARCEL NUMBER(S)** – Provide the parcel number(s) for the site associated with the project. Parcel numbers may be obtained from the Maricopa County Assessor’s website (www.maricopa.gov/Assessor) by doing a parcel search. Leave blank if no site is associated with this project.
- i) **PLAN TYPES** – The plan type applicable to the project. Select only one plan type.



**SUBMITTAL PACKAGE INSTRUCTIONS FOR APPROVAL OF PROPOSED PLAN
WATER OR WASTEWATER TREATMENT, RECLAIMED WATER OR REUSE FACILITIES**

2. **PERMIT/SYSTEM INFORMATION:**

- a) **PERMIT NUMBER** – Provide the Maricopa County Environmental Services Department (MCESD) permit number (07###, 37###, 67### or 97#####) if the project is an extension of an existing drinking water, wastewater, reclaimed water or reuse facility or system. Contact the Water and Wastewater Treatment Program if you need assistance obtaining the permit number.

Check the 'No Permit' box to indicate that the project is not associated with an existing drinking water, wastewater, reclaimed water, or reuse facility/system and leave the System ID # and System Name fields blank.

- b) **SYSTEM ID #** – Provide the Public Water System (PWS), Wastewater System (WWS) or Reclaimed Water System (RWS) identification number (AZ-04-07-###, AZ-04-37-###, or AZ-04-67-### respectively). For reuse facilities, provide the ID of the RWS supplying reclaimed water to the reuse facility. Contact the Water and Wastewater Treatment Program if you need assistance obtaining the system identification number.
- c) **SYSTEM NAME** – For drinking water systems provide the name of the Public Water System (PWS). For wastewater systems provide the name of the Wastewater System (WWS). For reclaimed water systems provide the name of the Reclaimed Water System (RWS). For reuse facilities provide the name of the RWS supplying reclaimed water to the reuse facility. Contact the Water and Wastewater Treatment Program if you need assistance obtaining the system name.
- d) **OTHER PERMITS** – Check each category where a new or modified permit is required by another agency such as the Arizona Department of Environmental Quality (ADEQ), Arizona Department of Water Resources (ADWR), Maricopa County Planning and Development Department (MCPDD), etc. for the project.

3. **DOCUMENTS:**

Check the appropriate check box(es) indicating the types of documents being submitted for the project. Add any additional comments as required.

4. **PROJECT OWNER:**

Provide the firm's company and department name, contact person's information and address of the project owner for the project. Add any additional comments as required. This section is required to be completed.

The project owner may be the system owner or a fiduciary agent acting on behalf of the system owner. A fiduciary agent is an individual, corporation or association holding assets for the system owner, with the legal authority and duty to make decisions regarding financial matters for the project on behalf of the system owner.

Typically the fiduciary agent would be a developer that has entered into an agreement with the system owner to construct new system infrastructure in return for entitlements or other benefits. The developer acts on behalf of the system owner in the construction of the new infrastructure. When construction of the infrastructure is complete the developer transfers ownership of the infrastructure to the system owner.

5. **BILLING ADDRESS:**

Provide the firm's company and department name, contact person's information and address of the organization responsible for payment of future invoices for the project. Add any additional comments as required. This section is required to be completed.

Check the Project Owner check box if the billing address information is the same the project owner.

6. **LICENSED PROFESSIONAL:**

Provide the firm's company and department name, responsible engineer's/architect's information and address of the engineering/architectural consultant for the project. Provide the firm's and the responsible engineer/architect's Arizona State Board of Technical Registration license numbers. Add any additional comments as required.

Depending on the type of plan and the characteristics of the project being submitted the Water and Wastewater Treatment Program may require that a licensed professional engineer or architect be utilized on the project. For this case the engineer/architect in responsible charge of the project must be registered in the State of Arizona.

The engineering/architectural firm employing the engineer/architect in responsible charge of the project must also be registered with the Arizona State Board of Technical Registration to submit a project to the MCESD.



**SUBMITTAL PACKAGE INSTRUCTIONS FOR APPROVAL OF PROPOSED PLAN
WATER OR WASTEWATER TREATMENT, RECLAIMED WATER OR REUSE FACILITIES**

7. MAILING ADDRESS:

Provide the firm's company and department name, contact person's information and address of the organization that should receive general correspondence related to the project such as design review comments, information requests and other types of general correspondence. Add any additional comments as required.

Check the Project Owner, Billing Address, Licensed Professional, System Owner or Applicant check box if the mailing address information is the same as one of these entities.

8. SYSTEM OWNER:

Provide the firm's company and department name, contact person's information and address of the system owner for the project. Add any additional comments as required.

The owner of a drinking water, reclaimed water or wastewater system, including the system components (wells, storage reservoirs/tanks/basins, booster pump stations, pipelines, treatment facilities, etc.), must be a government agency such as a municipality, a public utility (i.e. a utility operating as a public service corporation under the rules and regulations administered by the Arizona Corporation Commission) or a private utility.

The owner of a reuse system does not have to be a public or private utility and may be an individual, corporation, association or government agency. Typically, a reuse system is owned by a home owner's association, corporation or government agency and is an end-user of reclaimed water.

Check the Project Owner, Billing Address, Licensed Professional, Mailing Address or Applicant check box if the system owner information is the same as one of these entities.

9. APPLICANT:

Provide the firm's company and department name, contact person's information and address of the applicant for the project. Add any additional comments as required.

Check the Project Owner, Billing Address, Licensed Professional, Mailing Address or System Owner check box if the applicant information is the same as one of these entities.

10. PERSONS AUTHORIZING THE PROJECT:

Provide the name and title for each representative authorizing the project within the system owner's and project owner's organizations. Each representative must sign and date the application in the spaces provided. This section is required to be completed.

The representative authorizing the project on behalf of the system owner must be a person responsible for the administration of capital improvement and/or infrastructure projects within the system owner's organization.

The representative authorizing the project on behalf of the project owner must be a person with fiduciary responsibilities for the project within the project owner's organization. If the system owner is also the project owner then check the System Owner check box and leave the project owner subsection blank.

11. FINANCIAL RESPONSIBILITY STATEMENT:

Provide the name and title of the fiduciary agent within the project owner's organization who will be responsible for this project. The representative must sign and date the application in the spaces provided. This section is required to be completed.

The person or organization signing this acknowledgement will be responsible for all fees associated with this project and is subject to permit cancellation or suspension of work on this or any other plan review projects the responsible financial party has submitted to the department should the project become delinquent due to non-payment of plan review fees.

12. CORRESPONDENCE ROUTING:

Check the appropriate check box(es) identifying what organization(s) should receive copies of approval certificates. Please note that all original approval certificates will be mailed to the System Owner.

**Environmental Services Department
Water and Waste Management Division
501 North 44th., Suite 200
Phoenix, AZ 85008**



**Water and Wastewater Treatment Program
Telephone: (602) 372-2861
Facsimile: (602) 506-6925
E-mail: WWM_TPP@mail.maricopa.gov**

**SUBMITTAL PACKAGE INSTRUCTIONS FOR APPROVAL OF PROPOSED PLAN
WATER OR WASTEWATER TREATMENT, RECLAIMED WATER OR REUSE FACILITIES**

D) SUBMISSION AND CONTACT INFORMATION:

Send the submittal package to:

**MARICOPA COUNTY ENVIRONMENTAL SERVICES DEPARTMENT
WATER AND WASTEWATER TREATMENT PROGRAM
1001 NORTH CENTRAL AVENUE, SUITE 150
PHOENIX, AZ 85004-1940**

If you have any questions please contact the MCESD at the following telephone, fax or e-mail address:

Telephone: (602) 372-2861
Facsimile: (602) 506-6925
E-Mail: WWM_TPP@mail.maricopa.gov

Visit our webpage at www.maricopa.gov/EnvSvc/WaterWaste for additional information about how to submit projects to the MCESD's Water and Wastewater Treatment Program.



**APPROVAL PROCESS NOTICE FOR APPROVAL OF PROPOSED PLAN
 WATER TREATMENT FACILITIES**

1. Steps required to obtain an 'Approval To Proceed' and/or an 'Approval Of Proposed Plan' approval are as follows:
 - a. Submit a completed application together with the applicable application fees and the required submittal package plan review documentation as identified in this application packet.
 - b. Provide any additional plan review documentation required by the Department to complete the plan review process.
 - c. Provide a satisfactory response to all review comments issued by the Department to complete the plan review process. If the response is not provided within 365 days of the request for information, the project will be deemed to be denied.
 - d. If validation or pilot testing is required, complete any applicable commissioning, performance testing and reporting requirements as stipulated by the 'Approval To Proceed' approval certificate within the required time frame specified by the approved validation protocol or Pilot Testing Plan.
 - e. Submit payment for any balance due for plan review services rendered by the Department within 30 days from the invoice request date.

An 'Approval To Proceed' or an 'Approval Of Proposed Plan' approval shall lapse and become invalid one year from the date of approval unless:

- A substantial portion of the work described in the plans and specifications has commenced by such anniversary date, or
- An application for a one-time renewal is submitted within 180 days of expiration. A fee equal to one-half (1/2) of the flat fee or initial plan review fee is required. The approval will be effective for one year from the date of expiration.

2. The Department will approve or deny the application within the licensing time frame specified in Table 1, excluding any days the application is returned to the applicant for additional information. This overall licensing time frame is set by Maricopa County Ordinance and as required by A.R.S. §11-1605.

| Table 1 – Licensing Time Frames | | | | |
|---------------------------------|---------------------------------|----------------------------|-------------------------|---------------------|
| No. | Fee Category | Administrative Time (Days) | Substantive Time (days) | Overall Time (days) |
| 77 | Operations and Maintenance Plan | 16 | 37 | 53 |
| 80 | Water Blending System Plan | 16 | 37 | 53 |

3. Department contact information regarding your application:

Telephone: 602-372-2861
 E-mail: WWM_TPP@mail.maricopa.gov
 Website: <http://www.maricopa.gov/EnvSvc/WaterWaste/WWT/WWT.aspx>
4. You may request a clarification from the Department of its interpretation or application of a statute, ordinance, regulation, delegation agreement or authorized substantive policy statement as provided in A.R.S. § 11-1609. Contact us by e-mail, telephone, in person or mail to the address listed at the top of the page, marked 'Attention: Water and Wastewater Treatment Program'.



**APPROVAL PROCESS NOTICE FOR APPROVAL OF PROPOSED PLAN
 WASTEWATER TREATMENT, RECLAIMED WATER OR REUSE FACILITIES**

1. Steps required to obtain an ‘Approval To Proceed’ and/or an ‘Approval Of Proposed Plan’ approval are as follows:
 - a. Submit a completed application together with the applicable application fees and the required submittal package plan review documentation as identified in this application packet.
 - b. Provide any additional plan review documentation required by the Department to complete the plan review process.
 - c. Provide a satisfactory response to all review comments issued by the Department to complete the plan review process. If the response is not provided within 365 days of the request for information the project, will be deemed to be denied.
 - d. If validation or pilot testing is required, complete any applicable commissioning, performance testing and reporting requirements as stipulated by the ‘Approval To Proceed’ approval certificate within the required time frame specified by the approved validation protocol or Pilot Testing Plan.
 - e. Submit payment for any balance due for plan review services rendered by the Department within 30 days from the invoice request date.

The Department will not issue an approval for any sewerage system or waste and/or sewage treatment works which is not in conformance with the Certified Water Quality Management Plan and Facility Plan that prescribes a particular sewerage system and waste and/or sewage treatment work configuration for sewage management by a designated management agency within a service area. If no Facility Plan is applicable, the Certified Water Quality Management plan shall be utilized by the Department to determine conformance.

An ‘Approval To Proceed’ or an ‘Approval Of Proposed Plan’ approval shall lapse and become invalid one year from the date of approval unless:

- A substantial portion of the work described in the plans and specifications has commenced by such anniversary date, or
- An application for a one-time renewal is submitted within 180 days of expiration. A fee equal to one-half (1/2) of the flat fee or initial plan review fee is required. The approval will be effective for one year from the date of expiration.

2. The Department will approve or deny the application within the licensing time frame specified in Table 2, excluding any days the application is returned to the applicant for additional information. This overall licensing time frame is set by Maricopa County Ordinance and as required by A.R.S. § 11-1605.

| No. | Fee Category | Administrative Time (Days) | Substantive Time (days) | Overall Time (days) |
|-----|---------------------------------|----------------------------|-------------------------|---------------------|
| 77 | Operations and Maintenance Plan | 16 | 37 | 53 |
| 84 | MAG 208 Certification | 42 | 94 | 136 |

3. Department contact information regarding your application:

Telephone: 602-372-2861
 E-mail: WWM_TPP@mail.maricopa.gov
 Website: <http://www.maricopa.gov/EnvSvc/WaterWaste/WWT/WWT.aspx>
4. You may request a clarification from the Department of its interpretation or application of a statute, ordinance, regulation, delegation agreement or authorized substantive policy statement as provided in A.R.S. § 11-1609. Contact us by e-mail, telephone, in person or mail to the address listed at the top of the page, marked ‘Attention: Water and Wastewater Treatment Program’.



**APPLICATION FOR APPROVAL OF PROPOSED PLAN
 WATER OR WASTEWATER TREATMENT, RECLAIMED WATER OR REUSE FACILITIES**

| | | | |
|--|---|---|------------------------|
| 1. PROJECT INFORMATION: | | | DATE SUBMITTED: |
| REVIEW TYPE: <input type="checkbox"/> Approval Of Proposed Plan <input type="checkbox"/> Certificate Renewal | | REVIEW MODIFIERS: <input type="checkbox"/> Expedited | |
| PROJECT CLASS: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Reclaimed Water <input type="checkbox"/> Reuse <input type="checkbox"/> Wastewater | | | |
| PROJECT NAME: | | | |
| PROJECT DESCRIPTION: | | | |
| | | | |
| SITE LOCATION: _____ (Name, Address, City, State, ZIP Code) | | | SITE PARCEL NUMBER(S): |
| SITE GPS COORDINATES: | Latitude (N): | Longitude (W): | |
| PLAN TYPES: (Plan type applicable to the project. Select only one check box) | | | |
| <input type="checkbox"/> Blending Plan | <input type="checkbox"/> Odor Control Plan | <input type="checkbox"/> Validation Testing Plan | |
| <input type="checkbox"/> Consent Agreement Plan | <input type="checkbox"/> Operations & Maintenance Plan | | |
| <input type="checkbox"/> Disinfection Plan | <input type="checkbox"/> Pilot Testing Plan | | |
| <input type="checkbox"/> Experimental Project (No Construction) | <input type="checkbox"/> Operations & Maintenance Plan | | |
| <input type="checkbox"/> MAG 208 Certification | <input type="checkbox"/> Remediation Plan | | |
| <input type="checkbox"/> Master Plan | <input type="checkbox"/> Rerating Plan | | |
| <input type="checkbox"/> Noise Abatement Plan | <input type="checkbox"/> Treatment Plan | | |
| <input type="checkbox"/> Other Plan: _____ | | | |
| 2. PERMIT/SYSTEM INFORMATION: | | | |
| MCESD PERMIT NUMBER: | <input type="checkbox"/> NO PERMIT | | |
| SYSTEM ID #: AZ - 04 - | SYSTEM NAME: | | |
| OTHER PERMITS: (Check each category where a new or modified permit is required for this project) | | | |
| <input type="checkbox"/> ADEQ AZPDES Permit | <input type="checkbox"/> ADWR U/G Storage Facility Permit | <input type="checkbox"/> Municipal/Public Utility Pretreatment Permit | |
| <input type="checkbox"/> ADEQ Aquifer Protection Permit | <input type="checkbox"/> ADWR Water Storage Permit | <input type="checkbox"/> MCPDD Special Use Permit | |
| <input type="checkbox"/> ADEQ Reclaimed Water Permit | <input type="checkbox"/> ADWR Recovery Well Permit | <input type="checkbox"/> Other: _____ | |
| 3. DOCUMENTS: (Check each applicable document type being submitted for this project) | | | |
| <input type="checkbox"/> Design Report | <input type="checkbox"/> Master Plan | <input type="checkbox"/> Water Quality Analysis Report | |
| <input type="checkbox"/> Design Drawings | <input type="checkbox"/> Pilot Testing Plan | <input type="checkbox"/> Remediation Plan | |
| <input type="checkbox"/> Technical Specifications | <input type="checkbox"/> Pilot Testing Results | <input type="checkbox"/> Closure Plan | |
| <input type="checkbox"/> Engineering Calculations | <input type="checkbox"/> Startup Testing Plan | <input type="checkbox"/> Copies of Permits/Certificates | |
| <input type="checkbox"/> Manufacturer's Documentation | <input type="checkbox"/> Startup Testing Results | <input type="checkbox"/> Recorded Legal Easements/Documents | |
| <input type="checkbox"/> Operations & Maintenance Manual | <input type="checkbox"/> Operational Log/Report | <input type="checkbox"/> Signed Service or Extension Agreements | |
| <input type="checkbox"/> Certificate of Completion | <input type="checkbox"/> Disinfection Test Results | <input type="checkbox"/> Sewer Capacity Letter | |
| <input type="checkbox"/> Other: _____ | | | |
| COMMENTS: | | | |



**APPLICATION FOR APPROVAL OF PROPOSED PLAN
 WATER OR WASTEWATER TREATMENT, RECLAIMED WATER OR REUSE FACILITIES**

| | | | |
|--|---------|-------------|---|
| 4. PROJECT OWNER: (Required) | | | |
| FIRM: | | | |
| Company: | | Department: | |
| CONTACT PERSON: | | | |
| Name: | | Title: | |
| Telephone: | Mobile: | Facsimile: | |
| E-mail: | | Website: | |
| ADDRESS: | | | |
| Line 1: | | | |
| Line 2: | | | |
| Line 3: | | | |
| City: | State: | ZIP Code: | Country: |
| COMMENTS: | | | |
| 5. BILLING ADDRESS: (Required) | | | Same As: <input type="checkbox"/> Project Owner |
| FIRM: | | | |
| Company: | | Department: | |
| CONTACT PERSON: | | | |
| Name: | | Title: | |
| Telephone: | Mobile: | Facsimile: | |
| E-mail: | | Website: | |
| ADDRESS: | | | |
| Line 1: | | | |
| Line 2: | | | |
| Line 3: | | | |
| City: | State: | ZIP Code: | Country: |
| COMMENTS: | | | |
| 6. LICENSED PROFESSIONAL: | | | |
| FIRM: | | | |
| Company: | | Department: | AZ License # |
| RESPONSIBLE ENGINEER/ARCHITECT: | | | |
| Name: | | Title: | AZ License # |
| Telephone: | Mobile: | Facsimile: | |
| E-mail: | | Website: | |
| ADDRESS: | | | |
| Line 1: | | | |
| Line 2: | | | |
| Line 3: | | | |
| City: | State: | ZIP Code: | Country: |
| COMMENTS: | | | |



**APPLICATION FOR APPROVAL OF PROPOSED PLAN
 WATER OR WASTEWATER TREATMENT, RECLAIMED WATER OR REUSE FACILITIES**

| | | | |
|---|---------|-------------|----------|
| 7. MAILING ADDRESS: Same As: <input type="checkbox"/> Project Owner <input type="checkbox"/> Billing Address <input type="checkbox"/> Licensed Professional <input type="checkbox"/> System Owner <input type="checkbox"/> Applicant | | | |
| FIRM: | | | |
| Company: | | Department: | |
| CONTACT PERSON: | | | |
| Name: | | Title: | |
| Telephone: | Mobile: | Facsimile: | |
| E-mail: | | Website: | |
| ADDRESS: | | | |
| Line 1: | | | |
| Line 2: | | | |
| Line 3: | | | |
| City: | State: | ZIP Code: | Country: |
| COMMENTS: | | | |
| 8. SYSTEM OWNER: Same As: <input type="checkbox"/> Project Owner <input type="checkbox"/> Billing Address <input type="checkbox"/> Licensed Professional <input type="checkbox"/> Mailing Address <input type="checkbox"/> Applicant | | | |
| FIRM: | | | |
| Company: | | Department: | |
| CONTACT PERSON: | | | |
| Name: | | Title: | |
| Telephone: | Mobile: | Facsimile: | |
| E-mail: | | Website: | |
| ADDRESS: | | | |
| Line 1: | | | |
| Line 2: | | | |
| Line 3: | | | |
| City: | State: | ZIP Code: | Country: |
| COMMENTS: | | | |
| 9. APPLICANT: Same As: <input type="checkbox"/> Project Owner <input type="checkbox"/> Billing Address <input type="checkbox"/> Licensed Professional <input type="checkbox"/> Mailing Address <input type="checkbox"/> System Owner | | | |
| FIRM: | | | |
| Company: | | Department: | |
| CONTACT PERSON: | | | |
| Name: | | Title: | |
| Telephone: | Mobile: | Facsimile: | |
| E-mail: | | Website: | |
| ADDRESS: | | | |
| Line 1: | | | |
| Line 2: | | | |
| Line 3: | | | |
| City: | State: | ZIP Code: | Country: |
| COMMENTS: | | | |



**APPLICATION FOR APPROVAL OF PROPOSED PLAN
 WATER OR WASTEWATER TREATMENT, RECLAIMED WATER OR REUSE FACILITIES**

| | | |
|---|---|--|
| 10. PERSONS AUTHORIZING THE PROJECT: (Required) | | |
| SYSTEM OWNER'S REPRESENTATIVE: | | |
| Name: | Title: | |
| Signature: | Date: | |
| PROJECT OWNER'S REPRESENTATIVE: Same As: <input type="checkbox"/> System Owner | | |
| Name: | Title: | |
| Signature: | Date: | |
| 11. FINANCIAL RESPONSIBILITY STATEMENT: (Required) | | |
| <p>By signing and submitting this application, I acknowledge my responsibility to reimburse Maricopa County for any and all reasonable costs incurred in processing this application, even if an approval or permit is never issued. Should I decide to cancel this application at any time after submitting it, I will immediately notify Maricopa County in writing of my intent to cancel. Such notification will not relieve me of my responsibility to reimburse Maricopa County for application processing costs incurred up to and including the date that my written cancellation notice was received by Maricopa County.</p> | | |
| Name: | Title: | |
| Signature: | Date: | |
| 12. CORRESPONDENCE ROUTING: | | |
| <input type="checkbox"/> Copy Project Owner on Approvals | <input type="checkbox"/> Copy Applicant on Approvals | <input type="checkbox"/> Copy Billing Address on Approvals |
| <input type="checkbox"/> Copy Licensed Professional on Approvals | <input type="checkbox"/> Copy System Owner on Approvals | |
| <input type="checkbox"/> Other: _____ | | |

| | | | |
|------------------------------|-----------------------|-----------------|-------------------------------------|
| FOR INTERNAL USE ONLY | | | |
| Date Submitted: _____ | Project Number: _____ | Reviewer: _____ | Fees Paid: <input type="checkbox"/> |