



Maricopa County Environmental Services Department
Stormwater Quality Program
Phone (602) 506-5557
mcesd.sw@mail.maricopa.gov
www.maricopa.gov/stormwater



Design Standard Waiver Application

Waiver Tracking #:

Associated Post Construction Permit Tracking #:

The Following Items are required:

- Completed general application form, signed by owner or authorized agent.
- Supporting documentation identifying the provision/s of the the regulation that are involved and an itemized list of regulations requested to be waived.
- Supporting documentation detailing the facts of unreasonableness on which the request is based.
- Supporting documentation detailing the applicants proposed alternative design or policy.
- Supporting documentation that details how the waived regulations and the proposed alternative design or policy will result in an equal or better means of complying with the intent of Section 1102, Objectives, Section 1104, General Requirements, and Section 1105, Design Standards.
- Vicinity map.
- Fee: \$2425. Check, cash, or Visa/Mastercard will be accepted.

Once submitted, you will receive a Stormwater tracking number (to be used on all correspondence with future submittals to Environmental Services Department).

For additional information you may also visit our website at www.maricopa.gov/stormwater or contact the Stormwater Program Supervisor at the number above.

Applicant Signature:

Date:

Design Standard Waiver Application
STORMWATER QUALITY APPLICATION

Instructions: Fill out completely (**failure to do so will result in a delay of the approval process**) and submit this application to obtain waiver consideration. All required information must be submitted along with this application and applicable fees. **Print or type in black or blue INK** (pencil is not acceptable) all information except the signature block on page two. This application will expire one year from the date of submittal if approval has **not** been issued. For information or assistance regarding this process, contact staff at the number above or go to www.maricopa.gov/stormwater. Note: MCESD has 60 days to act on a waiver request. You may receive clarification from the Department of its interpretation or application of statute, ordinance, regulation, delegation agreement or authorized substantive policy statement as provided in A.R.S. §11-1609. **Information entered on this form will be retained by Maricopa Environmental Services Department and is a record as defined by Arizona law. This form will be provided without redaction in response to a public record request unless any of the information is exempt from release under Arizona law.**

1. Site Information:

Project Name:

Total project Size: Acres Area Disturbed: Acres

Subject Property Address: Maricopa County, AZ Zip:

Cross Streets: Parcel #:

Type of project: other:

Subdivision Name (if applicable): Lots # (s)

Legal Description (Section, Township, Range):

Latitude/Longitude (in degrees, minute, sec.):

Brief Description of Project:

2. Property Owner:

Name: Phone:

Contact Name (if different): Phone:

Mailing Address: Fax:

City, State, Zip: Email:

*Any changes to this address shall be submitted in writing to MCESD within 15 days of the change. All documents from MCESD will be mailed to this address unless otherwise noted below. Returned mail will not be forwarded.

3. Other Contact Information:

Business Name: Contact Name:

Mailing Address: Phone:

City, State, Zip: Email:

4. **Person or Firm Responsible for Fee Payment:**

| | | | |
|-------------------|----------------------|---------------|----------------------|
| Business Name: | <input type="text"/> | Contact Name: | <input type="text"/> |
| Mailing Address: | <input type="text"/> | Phone: | <input type="text"/> |
| City, State, Zip: | <input type="text"/> | Email: | <input type="text"/> |

5. **ADEQ Authorization Number:**

AZCON-

6. **Other Permits:** (list all county, state, or federal permits (including permit numbers) associated with this site.)

7. **Special Comments** (if any):

8. **Certification: (READ CAREFULLY AND SIGN BELOW, to be completed by the property owner/operator identified in Item Two (2) on this application:**

I , certify that this Stormwater plan review application and all attachments were prepared under my direction or authorization and all information is, to the best of my knowledge, true, accurate and complete. **I am aware that there are significant penalties for submitting false information including approval revocation as well as the possibility of fine and imprisonment for known violations**

| | | | |
|------------|----------------------|-------|----------------------|
| Signature: | <input type="text"/> | Date: | <input type="text"/> |
|------------|----------------------|-------|----------------------|