



Consolidated Domestic Water Improvement District

PO Box 209, Office: 45290 W. Garvey Avenue, Maricopa, AZ 85139
Phone: 520-568-2239 , Emergency: 520-752-7517, mcdoffice@mcdwells.org

DEVELOPMENT/BUILDING/CONSTRUCTION PERMIT APPLICATION

TYPE OF APPLICATION:

PUBLIC WORKS\_\_\_ UTILITY\_\_\_ COMMERCIAL\_\_\_ RESIDENTIAL\_\_\_
REMODEL/ADDITIONS\_\_\_ DEMO\_\_\_ OTHER\_\_\_
CLASS OF WORK: NEW\_\_\_ ALTERATION\_\_\_ ADDITION\_\_\_
START DATE OF PROJECT:\_\_\_ END DATE:\_\_\_

JOB/STREET ADDRESS:\_\_\_
ASSESSOR'S PARCEL #: \_\_\_ - \_\_\_ - \_\_\_

APPLICANT/PROPERTY OWNER(S)/RENTER/TENANT\_\_\_
PHONE\_\_\_ MOBILE\_\_\_ FAX\_\_\_
MAILING ADDRESS\_\_\_
CITY\_\_\_ ST\_\_\_ ZIP\_\_\_ EMAIL:\_\_\_

BUILDER/CONTRACTOR\_\_\_
PHONE\_\_\_ MOBILE\_\_\_ FAX\_\_\_
MAILING ADDRESS\_\_\_
CITY\_\_\_ ST\_\_\_ ZIP\_\_\_ EMAIL:\_\_\_
LICENSE # & CLASS\_\_\_

OTHER UTILITIES AT JOB/ADDRESS: SEWER\_\_\_ SEPTIC\_\_\_ GAS\_\_\_ ELEC\_\_\_ TELCO\_\_\_

CONTACT PERSON (WHO DO WE CONTACT FOR QUESTIONS?):
NAME:\_\_\_ PHONE:\_\_\_

I UNDERSTAND THAT APPROVAL OF THIS APPLICATION DOES NOT GUARANTEE
APPROVAL OF THE ACTUAL CONSTRUCTION. I HEREBY CERTIFY THAT THE
INFORMATION ON THIS APPLICATION AND ALL RELATED SUBMITTALS ARE TRUE AND
CORRECT.

\_\_\_\_\_ X \_\_\_\_\_

PRINT NAME SIGNATURE OF OWNER/AGENT DATE

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WHERE TO APPLY/PICK UP PERMIT:
Maricopa Consolidated DWID Office:
45290 W. Garvey Avenue, Maricopa, AZ 85139, Mon-Thurs 8:30 - 4:30, Closed Friday.

MCDWID Rep. \_\_\_\_\_

Approval Date:\_\_\_ Denied:\_\_\_

Comments: \_\_\_\_\_

Permit # \_\_\_\_\_