



PIMA COUNTY FACILITY IMPACT PERMIT APPLICATION

1. Applicant (The person or entity responsible for the activity that will impact a District Facility, Ord 2018 FC-1, 21.02.020A):		
Mailing Address:		
Contact Name:	Contact e-mail address:	Contact Phone # Check one: Mobile Office
2. Project Site Address, Parcel Code or Description:		
3. Description of Work:		
4. Estimated Work Start Date:	Estimated Work Completion Date:	
5. If different from Applicant, Contractor or Organization performing the work:		
6. Contact Name:	Contact e-mail address:	Contact Phone # Check one: Mobile Office
7. If different from 6, On-Site Contact Name:	On-Site Contact Mobile Phone # Check one: Mobile Office	
ATTACHED DOCUMENTS (CHECK ALL THAT APPLY)		
<p>Site Plan Project Description Proof of Property Right Certificate of Liability Insurance for Entity performing the work (Certain research activities are exempt The Certificate of Commercial General Liability Insurance shall certify minimum coverage of \$2,000,000 Each Occurrence and \$2,000,000 General Aggregate, naming Pima County and its Districts as "Additional Insureds" to cover the permitted activities.</p>	<p>Restoration Plan Cost Estimate Performance Bond Construction Plans 404 Certificate of Compliance 408 Certificate of Compliance Riparian Habitat Disturbance Calculation</p> <p>Other _____</p>	
By signing this application, the undersigned requests written authorization pursuant and subject to the requirements of FACILITY IMPACT PERMIT ORDINANCE, 2018-FC1, for the project described above. Undersigned acknowledges that this application constitutes permission for District staff to inspect the project site and activities during the term of this permit.		
APPLICANT SIGNATURE	DATE	

For application submittal requirements, visit <https://webcms.pima.gov/cms/one.aspx?portalId=169&pageId=465924>

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