

## NEW OWNER/NEW PERMIT APPLICATION FOR A MOBILE HOME PARK

### FACILITY INFORMATION

1. Facility Name: \_\_\_\_\_
2. Park Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Inspection Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Number of Spaces: \_\_\_\_\_ Pool and/or Spa on Property \_\_\_ Yes \_\_\_ No  
Water Type: \_\_\_ Public \_\_\_ Individual (Well) Sewer Type: \_\_\_ Public \_\_\_ ISDS (Septic)

### NEW OWNER'S INFORMATION

6. Legal Entity/Business Name (LLC, Inc, Sole Proprietor): \_\_\_\_\_
7. Address: \_\_\_\_\_ Phone #: \_\_\_\_\_
8. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
9. Email Address: \_\_\_\_\_
10. Owner Signature: \_\_\_\_\_

### BILLING INFORMATION

12. CONTACT Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
13. Property Management Company (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_
14. Address: \_\_\_\_\_ FAX #: \_\_\_\_\_
15. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
16. Email Address: \_\_\_\_\_

Pursuant to A.R.S. § 41-1009, the Department may enter your establishment to conduct inspections. You have the right to receive a copy of the Department's inspection report at the time of the inspection, within thirty (30) days after the inspection, or as otherwise provided by federal law. By initialing below, I agree that the Department may send me a copy of its inspection report by e-mail to the following email address:

\_\_\_\_\_ or by facsimile transmission to the following fax number:  
\_\_\_\_\_ (fax number). \_\_\_\_\_ (initials). It is the responsibility of the permit holder to update the Department if there is a change in contact information.

*Email completed application to [ENVSolidWaste@Maricopa.gov](mailto:ENVSolidWaste@Maricopa.gov)*