



Consolidated Domestic Water Improvement District

PO Box 209, Office: 45290 W. Garvey Avenue, Maricopa, AZ 85139

Phone: 520-568-2239 Fax: 520-568-2185, Emergency: 520-251-1896, mdwid85239@hotmail.com

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

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 # _____