



**Maricopa County Air Quality Department**  
 3800 N. Central Ave., Suite 1400, Phoenix, AZ 85012  
 Phone: 602-506-6010 Fax: 602-372-0587  
 AQPermits@maricopa.gov



**AIR PERMIT CANCELLATION/CLOSEOUT REQUEST (NOT TO BE USED FOR DUST CONTROL PERMITS)**

**Form Submittal**

Forms may be submitted by email. After completing the form electronically, save it to your computer, then attach and email the form to AQPermits@maricopa.gov.

Forms may also be submitted in person or mailed to either of the following locations:

1. Maricopa County Air Quality Department, 3800 N. Central Ave., Suite 1400, Phoenix, AZ 85012
2. One Stop Shop, 501 N. 44th St., Suite 200, Phoenix, AZ 85008

Email will be the department's primary means for routine communication with you, unless you do not have an email account. Please be sure that your e-mail address is entered correctly.

Facility ID: _____	Requested By: _____	Title: _____
Contact Email: _____	Date: _____	
Business Name: _____		
Business Address: _____	City: _____	State: _____ Zip: _____
Owner Name: _____		
Owner Address: _____	City: _____	State: _____ Zip: _____
Reason for Cancellation/Closeout: _____		

I certify that the above mentioned business has ceased all air quality permit related operations and activities at the above address or all ownership rights have been transferred to a new owner.

Check and complete all that apply:

- New Facility ID: \_\_\_\_\_ New Owner Name: \_\_\_\_\_
- All permitted equipment removed/permanently disconnected from site.
- Other: \_\_\_\_\_

Permittee Name: _____	Permittee Email: _____	Phone Number: _____
Company Name: _____		
Signature: _____	Title: _____	

Office Use Only

Compliance: Closeout Inspected by (if necessary) \_\_\_\_\_ Date: \_\_\_\_\_

Finance: Indicate any unpaid fees \_\_\_\_\_

Enforcement: Indicate any pending enforcement actions \_\_\_\_\_

Permitting: Indicate if this is approved for cancellation/closeout \_\_\_\_\_

Manager/Supervisor Signature: \_\_\_\_\_