



Change Certificate Application

(PLEASE TYPE OR PRINT CLEARLY)

Contact Person: _____ Title _____
 E-mail address of contact person _____
 Company Name: _____
 Phone number: _____ Ext: _____ Fax Number: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

Please Mark the Appropriate Box Below

<input type="checkbox"/> Change Project Name	<input type="checkbox"/> Change Project Owner Name	Fee - \$200.00 per certificate
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- ❖ This form to be used when changing either the Project Name or Owner Name on a previously approved subdivision. (May also be used for other projects only if deemed by the SIPP Staff.)
- ❖ Provide supporting documentation verifying/confirming the change: Warranty Deed, Amended Plat, correspondence, etc.
- ❖ Provide the OLD/current information including issued MCESD number and NEW/requested information in the spaces provided. MCESD will then provide new numbers.
- ❖ Project Owner / Responsible Party **must** sign the application. This person must be a person with fiduciary responsibilities associated with the Project or Company.
- ❖ Provide a copy of previously issued certificate with corrections indicated also.
- ❖ The fee is \$200 Per Certificate. If a project has both Project Name Change AND Owner Change, the fee is \$200 if submitted at same time.

Any questions contact Subdivisions@maricopa.gov

*** The Department reserves the right to request any other information ***



Change Certificate Application

Change Project Name

OLD Project Name: _____

MCESD # _____ MCESD # _____ MCESD # _____

NEW Project Name: _____

MCESD # _____ MCESD # _____ MCESD # _____

Change Project Owner

OLD Project Owner: _____ Job Title _____

MCESD # _____ MCESD # _____ MCESD # _____

NEW Project Owner: _____ Job Title _____

MCESD # _____ MCESD # _____ MCESD # _____

(Please type or print legibly) (The information will be used on the Certificate)

(Owner must be a PERSON with fiduciary responsibilities associated with the Company)

Project Owner Name _____

Project Company Name _____

Project Company Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Ext _____ Fax Number _____

Email address _____

Authorization

The Project Owner hereby authorizes the review of project plans as described for approval to construct and/or provisional verification of conformance under General Aquifer Protection Permit 4.01.

Signature of Project Owner \ Please print name _____ Date _____

Department Use Only	
Check number (s) _____	Amount Paid _____

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