



**Maricopa County Air Quality Department**  
 301 W. Jefferson St., Suite 410, Phoenix, AZ 85003  
 Phone: 602-506-6010  
 AQPermits@maricopa.gov



**PERMIT CANCELLATION REQUEST (General, Non-Title V, and Title V Permits Only)**

Form must be uploaded into the AQD Online Portal. Instructions for creating your Shared CROMERR Services Electronic Signature account to access the portal and steps for uploading this form can be found on [Maricopa.gov/1820](http://Maricopa.gov/1820).

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: \_\_\_\_\_