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| **FOR CAP USE ONLY** | |
| **CAWCD #** |  |
| **PLAN** |  |
| **LAND TITLE** |  |
| **ASSIGNED TO** |  |
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| **MP** |  |

**LAND USE / CONSENT DOCUMENT APPLICATION**

# Send the completed application package to:

## Central Arizona Project Lands Department 23636 N. 7th Street

## Phoenix, AZ 85024

**Phone: (623) 869-2555**

Fax: (623) 869-2249

Email: [2555@cap-az.com](mailto:2555@cap-az.com)

Web: www.cap-az.com

***Failure to provide ALL information will delay processing***

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| **APPLICANT INFORMATION** |
|  |
| **Applicant Legal Name**: Click here to enter text. |
| **Type of Applicant** (*e.g. a Delaware corporation*): Click here to enter text. |
| **Applicant Coordinator (R/W Agent) Name:** Click here to enter text. |
| **Address:** Click here to enter text. |
| **Email:** Click here to enter text. |
| **Phone:** Click here to enter text. **Fax:** Click here to enter text. |
| **Field Representative (Construction):** Click here to enter name |
| **Phone:** Click here to enter text. |
| **Emergency Contact (After Hours):** Click here to enter text.  **Phone:** Click or tap here to enter text. |
| **APPLICANT’S DESIGNATED CONTACT INFORMATION** |
|  |
| **Safety Representative:** Click here to enter text. |
| Address: Click here to enter text. |
| **Phone:** Click here to enter text. |
| **Environmental Representative:** Click here to enter text. |
| **Address:** Click or tap here to enter text. |
| **Email:** Click or tap here to enter text. |
| **Contact Name for Official Notices:** Click here to enter text. |
| **Phone:** Click here to enter text. **Fax:** Click here to enter text. |
| **Finance/Acct/Billing Contact:** Click here to enter text. **Project #:** Click here to enter text. |
| **Address:** Click here to enter text. |
| **Email:** Click or tap here to enter text. **Phone:** Click here to enter text. |

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| **PLAN OF DEVELOPMENT** | | | | | | | | | | |
| ***CAWCD requires an applicant to submit a general description of the proposed project as part of the land use application.***  ***The Plan of Development shall adhere to CAWCD’s Guidelines for Crossings.*** | | | | | | | | | | |
| **Project:** | Click or tap here to enter text. | | | | | | | | |
| **PROJECT INFORMATION & FACILITY DESIGN FACTORS** | | | | | | | | | | |
| ***\*Refer to CAP’s CAWCD Guidelines for Crossings Manual for crossing requirements. It can be found at***  [***http://www.cap-az.com/departments/lands/guidelines-for-crossings***](http://www.cap-az.com/departments/lands/guidelines-for-crossings) | | | | | | | | | | |
| **Project description - Describe type of facility (facilities) to be built:** | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | |
| **Project location (Cross Streets):** | | | | | | | | | | |
| **Click here to enter text.** | | | | | | | | | | |
| **Legal land description of facility (within CAP property boundary): Click here to enter text.** | | | | | | | | | | |
| **Will the facility be overhead or buried? Will the proposed crossing be over or under the CAP canal, pipeline or siphon?  Over  Under  NA** | | | | | | | | | | |
| **Click here to enter text.** | | | | | | | | | | |
| **What is the size/voltage/ general dimensions of the proposed facility? Click here to enter text.** | | | | | | | | | | |
| **Length and width and acreage for temporary construction easement and permanent use area:** | | | | | | | | | | |
| **Click here to enter text.** | | | | | | | | | | |
| **What is the anticipated start date, end date of construction?** | | | | | | | | | | |
| **Start: enter a date.** | | | | **End: enter a date.** | | **Duration:** | **Click here to enter text.** | | | |
| **Is this ancillary to an existing right-of-way?  Yes  No** | | | | | | | | | | |
| **IMPACTS TO CAP FACILITES** | | | | | | | | | | |
| **Will this project require access to CAP property through the locked security gates?  Yes  No** | | | | | | | | | | |
| **For crossings under CAP facilities, what is the proposed construction method?** | | | | | | | | | | |
| **Click here to enter text.** | | | | | | | | | | |
| **Are there anticipated heavy equipment crossing CAP bridges, O&M roads, siphons or buried pipelines?**  **Yes No If yes, explain: Click here to enter text.** | | | | | | | | | | |
| **Will potholing for utilities on CAP property be required?\*  Yes  No  Unsure** | | | | | | | | | | |
| **Will geotechnical exploration be required on CAP property?  Yes  No  Unsure** | | | | | | | | | | |
| **Are there ancillary facilities i.e. storage/staging areas needed on CAP property?  Yes  No  Unsure** | | | | | | | | | | |
| ***\*CAP requires all utilities be potholed prior to finalizing design and prior to starting construction.*** | | | | | | | | | | |
| **Is access for site survey anticipated?  Yes  No  Unsure** | | | | | | | | | | |
| **Will blasting be required on this project?  Yes  No If yes, explain: Click here to enter text.** | | | | | | | | | | |
| **GOVERNMENT AGENCIES** | | | | | | | | | | |
| **Are Federal agencies involved, i.e. DOE/WAPA? If so, which ones?** | | | | | | **Click here to enter text.** | | | | |
| **Will land use rights or other permitting be needed from other State or Municipal agencies?** | | | | | | **Click here to enter text.** | | | | |
| **FOR CAP USE ONLY** | | | | | | | | | | |
| **List anticipated conflicts with resources or public health and safety?** | | | | | | | | | **Click here to enter text.** | |
| **Will this project be located in the CAP green-up area?** | | | | | | | | |  | |
| **Will a pre and post dive be required?  Yes  No** | | | | | | | | | | |
| **Will an archaeological survey be required?** | | | | | | | | |  | |
| **Will this project be located in the vicinity of CAP’s Reach 11 dike?\*  Yes  No** | | | | | | | | |  | |
| **Will this project require flow measurement\*?  Yes  No** | | | | | | | | | | |
| **Will maintenance access be interrupted?** | | | | | | | | | | |
| **Major facilities (including vehicles and number of tons/loads)** | | | | | | **Click here to enter text.** | | | | |
| **Clearing and grading required?** | | | | | **Click here to enter text.** | | | | | |
| **Are communication facilities needed to operate the facility?  Yes  No** | | | | | | | | | | |
| **Access to, and along, right-of-way during construction? Click here to enter text.** | | | | | | | |  | | |
| **Safety and security** | | | **Click here to enter text.** | | | | | | | |
| **Trenching and Excavations** | | | |  | | | | | | |
| **Backfilling** | | **Click here to enter text.** | | | | | | | | |

**THE FOLLOWING INFORMATION MUST BE INCLUDED WITH THIS APPLICATION**

Design Plans (may submit concept plans). Indicate the project area and CAP Boundaries on plans.

A Legal Description written as Western U.S. Grid system, e.g. Section, Township & Range; and

Location/site Map

Proof of Insurance

Signature Authority and Legal Verification Form

***For additional requirement information, please visit our website: www.cap-az.com/departments/lands/land-water-use-forms***

## The applicant is requesting CAP’s review of this application and agrees to pay all administrative costs for CAP’s research, meetings, inspection, appraisal, processing, preparation of land use documents, and any other CAP activities related to the applicant’s project. Applicant also understands that most long term land use licenses and easements may require an on-going annual use fee based on an appraisal.

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| **Print Name** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Title** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| **Signature** |  | **Date** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |