



Sam Elters, P.E.
County Manager

**REQUEST FOR APPROVAL OF ALTERNATIVE FEATURE
OF TECHNOLOGY, DESIGN, SETBACK, INSTALLATION, OR
OPERATION PER A.A.C. R18-9-A312(G)**

Applicant Information: Project Name: _____ Applicant Name _____ Applicant Address _____ _____ _____		For Agency Use Only File No. _____ Fee Included? ☐ Yes ☐ No (Review fee is \$75 per each requested change) Rec'd Date: _____					
Agent Information: Name _____ Address _____ _____ _____ Contact Phone No. _____ Fax _____							
1. Rule Citation of Requirement for Which Change is Requested: _____							
2. Description of Requested Change: 							
3. Justification for Requested Change (Please attach any necessary calculations, drawings, or other supporting documentation): 							
REQUEST APPROVED: ☐ Equal or better performance ☐ Site or system conditions _____ addressed more satisfactorily <table border="0" style="width: 100%;"> <tr> <td style="width: 35%;"></td> <td style="width: 20%;">Approved By _____</td> <td style="width: 20%;">Title _____</td> <td style="width: 25%;">Date _____</td> </tr> </table>					Approved By _____	Title _____	Date _____
	Approved By _____	Title _____	Date _____				
REQUEST DENIED: ☐ Not equal or better performance ☐ Doesn't address site/system conditions better <i>Denied By:</i> _____ ☐ Request insufficiently justified ☐ Excessive review/research time needed <i>Title:</i> _____ ☐ Adverse impact to environment/other permittees ☐ Other _____ <i>Date:</i> _____							