



DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

1110 W. WASHINGTON, SUITE 100

PHOENIX, AZ 85007

(602) 364-1003 OFFICE

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www.dfbls.az.gov

Application for Six Month Extension on Installation Permit

Applicant Name: _____ Date: _____

Email Address: _____

Permit Number: _____ (Only **one** Installation Permit per request)

Date Permit Issued: _____

Every permit except for a special use permit expires 6 months from the date the permit is issued.

Extension request must be received by the Department prior to the expiration date; the Director **may** grant a one-time extension for a period not to exceed 180 days if justifiable cause is demonstrated.

Detailed explanation for requesting extension:

Provide current Installer, Contractor, and/or Subcontractor information:

Company Name: _____

License Number: _____ License Class: _____ Phone Number: _____

Email Address: _____

Check work performed: Electric Plumbing Gas Mechanical

Accessory Structure _____ Other _____

Company Name: _____

License Number: _____ License Class: _____ Phone Number: _____

Email Address: _____

Check work performed: Electric Plumbing Gas Mechanical

Accessory Structure _____ Other _____

ATTACH ADDITIONAL SHEET(S) IF NECESSARY

THIS SECTION IS FOR OFFICE USE ONLY		
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	New Expiration Date:	Processed By:
Amount Paid:	Check #:	Receipt # :
Comment/Note(s):		