

DOUGLAS A. DUCEY
Governor



MICHAEL TRAILOR
Director

STATE OF ARIZONA
DEPARTMENT OF HOUSING
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Application for Six Month Extension on Installation Permit

Today's Date: _____

Applicant Name: _____

Email Address: _____

Permit Number: _____ (Only one 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:

ATTACH ADDITIONAL SHEET(S) IF NECESSARY

Application for Six Month Extension on Installation Permit

Have any changes been made to the original Installer, Contractor and/or Subcontractor noted on permit?

NO YES **If yes, please provide current Installer, Contractor, and/or Subcontractor information.**

Company Name _____

License Number _____ License Classification _____ Phone Number _____

Email Address _____

Check work being performed ELECTRIC PLUMBING GAS MECHANICAL

ACCESSORY STRUCTURE _____

OTHER _____

Company Name _____

License Number _____ License Classification _____ Phone Number _____

Email Address _____

Check work being performed ELECTRIC PLUMBING GAS MECHANICAL

ACCESSORY STRUCTURE _____

OTHER _____

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ACCESSORY STRUCTURE _____

OTHER _____

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THIS SECTION IS FOR OFFICE USE ONLY			
<input type="checkbox"/> Approved _____ <div style="text-align: center; font-size: small; background-color: yellow; padding: 2px;">NEW EXPIRATION DATE</div>	Processed By: _____	Date Processed: _____	Fee Received: _____
<input type="checkbox"/> Denied _____	Check #: _____	Receipt # : _____	
COMMENTS:			