

## 1110 WEST WASHINGTON, SUITE 280 PHOENIX, ARIZONA 85007 PHONE: 602-771-1000 | FAX: 602-771-1002 WWW.AZHOUSING.GOV

## **Application for Six Month Extension on Installation Permit**

Today's Date:	
Applicant Name:	
Email Address:	
Permit Number:	(Only <b>one</b> permit per request)
Date Permit Issued:	
Extension request must be received by the l	<i>nit expires 6 months from the date the permit is issued.</i> Department prior to the expiration date; the Director <u>may</u> grant a one 80 days if justifiable cause is demonstrated. <b>nsion:</b>
ATTACH ADDITIONAL SHEET(S) I	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, pleas	se provide current Installer, Contrac	tor, and/or	Subcontractor information.			
Company Name						
License Number	Number License Classification		Phone Number			
Email Address						
Check work being performed	<b>ELECTRIC PLUMBING</b>	GAS	MECHANICAL			
ACCESSORY STRUCTUR	RE					
OTHER						
Company Name						
License Number	License Classification		Phone Number			
Email Address						
Check work being performed	<b>ELECTRIC PLUMBING</b>	GAS	MECHANICAL			
ACCESSORY STRUCTURE						
OTHER						
Company Name						
License Number	License Classification		Phone Number			
Email Address						
Check work being performed	<b>ELECTRIC PLUMBING</b>	GAS	MECHANICAL			
ACCESSORY STRUCTURE						
OTHER						

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THIS SECTION IS FOR OFFICE USE ONLY						
Approved	Processed By:	Date Processed:	Fee Received:			
Denied	Check #:	Receipt # :				
COMMENTS:						