

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 one 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. nsion:
ATTACH ADDITIONAL SHEET(S) I	IF NECESSARY

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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	ELECTRIC PLUMBING	GAS	MECHANICAL			
ACCESSORY STRUCTUR	RE					
OTHER						
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						

ATTACH ADDITIONAL SHEET(S) IF NECESSARY

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