

DOUGLAS A. DUCEY
Governor



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Director

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REQUEST TO MAKE A CHANGE ON INSTALLATION PERMIT

Applicant Name: _____ Date: _____

Email Address: _____

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

Total number of changes requested: _____

Administrative Function Fee: \$10.00 **per item**

Detailed explanation of change(s):

1. _____

2. _____

Supporting Documents Included: ☐ Yes ☐ Not Applicable

☐ Add ☐ Remove Installer/Contractor:

Company Name: _____

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

Email Address: _____

Check work performed: ☐ Electric ☐ Plumbing ☐ Gas ☐ Mechanical

☐ Accessory Structure _____ ☐ Other _____

☐ Add ☐ Remove Installer/Contractor:

Company Name: _____

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

Email Address: _____

Check work performed: ☐ Electric ☐ Plumbing ☐ Gas ☐ Mechanical

☐ Accessory Structure _____ ☐ Other _____

THIS SECTION IS FOR OFFICE USE ONLY

<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Processed By: _____	Date Processed: _____	Amount Received: _____
	Check # : _____	Receipt #: _____	
Comment: _____			