



DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

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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. _____

3. _____

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 _____

ATTACH ADDITIONAL SHEET(S) IF NECESSARY

| THIS SECTION IS FOR OFFICE USE ONLY | | | |
|---|-------------|---------------|------------------|
| <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED | Date: | Processed By: | Amount Received: |
| Check #: | Receipt # : | | |
| Comment/Note: | | | |