



STATE OF ARIZONA DEPARTMENT OF HOUSING

1110 W. WASHINGTON, SUITE 280
PHOENIX, ARIZONA 85007
OFFICE (602) 771-1000 FAX (602) 771-1002

SPECIAL EVENT INSTALLATION PERMIT

SITE AND BUILDING INFORMATION:			
<u>Owner Name</u>		<u>Mailing Address</u> (Please include City, State, Zip Code)	
<u>Installation Street Address</u> (Please include City, State, Zip Code)			<u>Event Date(s)</u>
<u>Manufacturer Name</u>	<u>Serial Number</u>	<u>Mfg. Certificate / Insignia Number</u>	<u>Unit Size</u>
PROPERLY LICENSED ENTITY(S) PERFORMING WORK INFORMATION:			
<u>Company Name</u>		<u>Mailing Address</u> (Please include City, State, Zip Code)	
<u>Phone Number</u>	<u>License Number</u>	<u>License Classification</u>	<u>Email Address</u>
To Add Additional Installers and/or Contractors, please use Subcontractor Supplement Form			
<u>Dealer Name</u>	<u>License Number</u>	<u>Dealer Mailing Address</u> (Please include City, State, Zip Code)	
PERMIT PURCHASER INFORMATION:			
<u>Applicant Name</u>		<u>Phone Number</u>	<u>Date Completed</u>
<u>Email Address</u> <small>*Email address to whom electronic communication from the office will be sent</small>		<u>Site Contact Name and Phone Number</u>	
THIS PERMIT DOES NOT ALLOW BUILDING TO BE USED FOR GENERAL PUBLIC ADMITTANCE AND USAGE.			
THIS SECTION IS FOR OFFICE USE ONLY			
Permit Number:		Permit Fee:	Check #
		Issue Date:	Issued By:
Inspection Type	Inspection Date	Inspector's Sign-Off	NOTES
ELECTRICAL			
This certifies that this building has been inspected for compliance with the requirements of the code and the use for which the proposed occupancy is classified. Signed Inspector : _____ Date: _____			

THIS PERMIT IS GOOD FOR 45 DAYS FROM DATE OF PURCHASE

**BUILDING MAY NOT BE OCCUPIED UNTIL ALL REQUIRED INSPECTIONS HAVE BEEN PERFORMED AND APPROVED
IT IS THE RESPONSIBILITY OF THE OWNER, DEALER OR INSTALLER/CONTRACTOR TO CALL
FOR ALL REQUIRED INSPECTIONS AND REINSPECTIONS
DISPLAY IN FRONT WINDOW FOR INSPECTION**



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SPECIAL EVENT INSTALLATION PERMIT APPLICATION

SUBCONTRACTOR SUPPLEMENT FORM

Please list all licensed subcontractors associated with the installation / accessory structures of the factory built-
building /single family factory built-building (electrical, plumbing etc.).

Contractor's Company Name

License Number License Classification Phone Number

Email Address

Check work being performed ELECTRIC PLUMBING GAS MECHANICAL

ACCESSORY STRUCTURE

OTHER

Contractor's Company Name

License Number License Classification Phone Number

Email Address

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Permit Number:

Note/Comment: