



# STATE OF ARIZONA DEPARTMENT OF HOUSING

1110 WEST WASHINGTON, SUITE 280  
PHOENIX, ARIZONA 85007  
Office (602) 771-1000 Fax (602) 771-1002  
[www.azhousing.gov](http://www.azhousing.gov)

## FACTORY BUILT BUILDING INSTALLATION PERMIT APPLICATION

OWNER INFORMATION				
Name		Email Address		
Phone Number		Mailing Address: (Please include City, State, Zip Code)		
INSTALLATION ADDRESS				
Address		City	State <b>AZ</b>	Zip Code
UNIT INFORMATION				
Manufacturer	Serial Number	Mfg. Certificate Number	Size	Occupancy Type
<input type="checkbox"/> <b>Permanent</b> (Building installed for more than 6 months) <input type="checkbox"/> <b>Temporary</b> (Leased building installed for 6 months or less)				
<input type="checkbox"/> Fire Sprinkler System <input type="checkbox"/> N/A    Local fire authority having jurisdiction: _____				
<input type="checkbox"/> Fire Alarm System <input type="checkbox"/> N/A    Local fire authority having jurisdiction: _____				
PROPERLY LICENSED ENTITY(S) PERFORMING WORK:				
Company Name		Email Address		
License Number	License Classification	Phone Number		
Address (Please include City, State, Zip Code)				
<b>To add additional Installers and/or Contractors, please use Subcontractor Supplement Form</b>				
DEALER INFORMATION				
Company Name		Email Address		
License Number	License Classification	Phone Number		
Address (Please include City, State, Zip Code)				
PERMIT PURCHASER INFORMATION				
Applicant Name			Date	
Email Address				
THIS SECTION IS FOR OFFICE USE ONLY				
Permit Number:	Plan Approval Number:	Issue Date:	Permit Fee:	
	Issued By:	Check Number:	Receipt Number:	

**Certificate of Occupancy will be sent upon request**

PERMIT EXPIRES 6 MONTHS FROM THE DATE OF ISSUED  
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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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: