



DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

1110 WEST WASHINGTON, SUITE 100
PHOENIX, ARIZONA 85007



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 AZ	Zip Code
Description				
Manufacturer	Serial Number	Insignia	Size	Occupancy Type
<input type="checkbox"/> Permanent (Building installed for more than 6 months)		<input type="checkbox"/> Temporary (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: _____		
Installer/Contractor Information (List all licensed subcontractors on Supplement Form)				
Company Name		Email Address		
License Number	License Classification	Phone Number		
Address: (Please include City, State, Zip Code)				
Dealer Name				
Name		Email Address		
License Number	License Classification	Phone Number		
Address: (Please include City, State, Zip Code)				
Permit Purchaser				
Name		Date		
This Section For Office Use Only				
Permit Number:		DFBLS Plan Approval Number:		
Issued By:	Issue Date:	Permit Fee:	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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PHOENIX, ARIZONA 85007
(602) 364-1003
(602) 364-1052 FAX

FACTORY BUILT BUILDING INSTALLATION PERMIT APPLICATION SUBCONTRACTOR SUPPLEMENT FORM

PERMIT # _____

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 _____

Check work being performed ELECTRIC PLUMBING GAS MECHANICAL

ACCESSORY STRUCTURE _____

OTHER _____

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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OTHER _____