



CONTACT SUPPLEMENTAL

The primary contact shall receive all communications, review comments and permit approvals. A secondary contact is optional and will be for permit record purposes only. If you are a contractor, please complete the CONTRACTOR INFORMATION & LICENSED CONTRACTOR VERIFICATION box below and verify that you are licensed under ARS Title 32, Chapter 10, Article 2.

PRIMARY CONTACT INFORMATION

CHECK ONE				
<input type="checkbox"/> AGENT	<input type="checkbox"/> ARCHITECT	<input type="checkbox"/> ENGINEER	<input type="checkbox"/> OWNER	<input type="checkbox"/> SAME AS CONTRACTOR (FILL OUT CONTRACTOR INFORMATION BELOW)
CONTACT NAME				
ADDRESS		CITY	STATE	ZIP
PHONE		EMAIL		

ARCHITECT / ENGINEER INFORMATION

CHECK ONE				
<input type="checkbox"/> AGENT	<input type="checkbox"/> ARCHITECT	<input type="checkbox"/> ENGINEER	<input type="checkbox"/> OWNER	<input type="checkbox"/> SAME AS CONTRACTOR (FILL OUT CONTRACTOR INFORMATION BELOW)
CONTACT NAME				
ADDRESS		CITY	STATE	ZIP
PHONE		EMAIL		

CONTRACTOR INFORMATION & LICENSED CONTRACTOR VERIFICATION

LICENSE NUMBER	CLASS	TRUST ACCOUNT (IF APPLICABLE)		
COMPANY NAME		CONTACT NAME		
ADDRESS		CITY	STATE	ZIP
PHONE		EMAIL		

FOR OFFICE USE ONLY

TRACKING NUMBER:	GOTO(S):
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