Town of Payson Building Department 303C N. Beeline Highway Payson Az. 85541 Phone: 520-474-5242 #263 TDD Phone: 520-472-6449 Email: building@paysonaz.us



Supplemental Permit: Application Permit #_____

Staff:___ Last Modified 05/19/2020 Job Address: ____Address: ____ _____Subdivision:_______Lot #:______Parcel #:_______ :: ______Phone:______ Brief work description:_____ Electrical Contractor:_______(Copy of APS Service Location Approval Required if service is to Plumbing Contractor:_____ Address:____ be relocated) Address: Phone:___ Phone: Payson Business Lic. #: Payson Business Lic#:____ Cont. Lic. #: Cont. Lic. #_____ # of Fixtures, Traps, Sets/Traps:_____ # of Service Entrances or Panels 200 Amps or Less: _ _____ Gas Pipe Four or Less outlets: # of Service Entrances or Panels 200A to 1000 Amps:_____ Gas Pipe More than Four: # of Service Entrances or Panels Over 1000 Amps: _____ Water Heaters: Carnival and Circus (See admin. Code)____ Swimming Pool Residential Pool Commercial Temporary Power Sign Spa Commercial: Misc: # Receptacles:_____ # Lighting Fixtures:_____ Propane Tank: # of Gallons:____ Mechanical Contractor:_____ Fire Alarm/Sprinkler Contractor:_____ Address: Address: Phone: Payson Business Lic. #: Phone: Cont. Lic. #:_____ Payson Bus. Lic. #:_____ # of Units:_____ State Cont. Lic. #: ______Tax ID:_____ Furnace Installation < 100K Furnace Installation > 100K Description of Work:_____ Gas Fireplace _____ A.C.___ Evaporative Cooler _____ Compressors

I certify that I am currently licensed by the Arizona State Registrar of Contractors for the work that is described herein: *OR*, I certify that I am currently the owner of this property, it is my primary residence and I will be doing this work myself:

Applicant Name and Firm:	Signature:	Date:
Phone:	Email:	