



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):