

Town of Payson
 Building Department
 303C N. Beeline Highway
 Payson Az. 85541
 Phone: 520-474-5242 #263
 TDD Phone: 520-472-6449
 Fax: 520-472-7490



**Supplemental Permit:
 Application** Permit # _____ Staff: _____

Last Modified 11/18/2011

Job Address: _____ **Subdivision:** _____ **Lot #:** _____ **Parcel #** _____
Owner: _____ **Address:** _____ **Phone:** _____

Brief work description: _____

Plumbing Contractor: _____
 Address: _____
 Phone: _____
 Payson Business Lic. # _____
 Cont. Lic. # _____ Tax# _____
 # of Fixtures, Traps, Sets/Traps _____
 Gas Pipe Four or Less outlets _____
 Gas Pipe More than Four _____
 Water Heaters _____
 Swimming Pool Residential _____ Pool Commercial _____
 Spa Commercial _____
 Miscellaneous _____

Electrical Contractor: _____
 (APS Service Location Approval Required if service is to be relocated)
 Address: _____
 Phone: _____
 Payson Business Lic# _____
 Cont. Lic. # _____ Tax# _____
 # of Service Entrances or Panels 200 Amps or Less _____
 # of Service Entrances or Panels 200A to 1000 Amps _____
 # of Service Entrances or Panels Over 1000 Amps _____
 Swimming Pool Residential (Private) _____
 Carnival and Circus (See Admin. Code) _____
 Temporary Power _____
 # Lighting Fixtures _____
 # Receptacles _____
 Sign _____

Mechanical Contractor: _____
 Address: _____
 Phone: _____
 Payson Business Lic. # _____
 Cont. Lic. # _____ Tax# _____
 # of Units _____
 Furnace Installation <100K _____
 Furnace Installation >100K _____
 Gas Fireplace _____
 A.C. _____
 Evaporative Cooler _____ Compressors _____

Tree Cut Information:
 Contractor: _____
 Address: _____
 Phone: _____
 Payson Bus. Lic, # _____
 State Cont. License # _____ Tax ID. _____
 # of Trees to be Cut: _____
 Type of Trees to be Cut: _____

I certify that I am currently licensed by the Arizona State Registrar of Contractors for the work that is described herein:
 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:** _____
 Contact Person for Project: _____ Phone: _____ Date: _____