

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 7/20/2020

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

Brief work description: _____

Plumbing Contractor: _____

Address: _____

Phone: _____

Payson Business Lic. #: _____

Cont. Lic. #: _____

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: Misc: _____

Propane Tank: # of Gallons: _____

Electrical Contractor: _____
(Copy of APS Service Location Approval Required if service is to be relocated)

Address: _____

Phone: _____

Payson Business Lic#: _____

Cont. Lic. # _____

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: _____

Carnival and Circus (See admin. Code) _____

Temporary Power Sign

Receptacles: _____ # Lighting Fixtures: _____

Mechanical Contractor: _____

Address: _____

Phone: _____

Payson Business Lic. #: _____

Cont. Lic. #: _____

of Units: _____

Furnace Installation <100K _____

Furnace Installation >100K _____

Gas Fireplace A.C.

Evaporative Cooler Compressors

Fire Alarm/Sprinkler Contractor: _____

Address: _____

Phone: _____

Payson Bus. Lic. #: _____

State Cont. Lic. #: _____ Tax ID: _____

Description of Work: _____

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:** _____

Contact Person for Project: _____ **Phone:** _____ **Email:** _____