

CITY OF BULLHEAD CITY DEVELOPMENT SERVICES 2355 TRANE RD

BULLHEAD CITY, AZ 86442

ZONING 928-763-0123 BUILDING 928-763-0124

Application for Six Month Extension on Installation Permit

Email Address:	Today's Date:	
Permit Number:	Applicant Name:	
Date Permit Issued: Every permit except for a special use permit expires 6 months from the date the permit is issued. Extension request must be received by the Department prior to the expiration date; the Director may grant a one time extension for a period not to exceed 180 days if justifiable cause is demonstrated.	Email Address:	
Every permit except for a special use permit expires 6 months from the date the permit is issued. Extension request must be received by the Department prior to the expiration date; the Director may grant a one time extension for a period not to exceed 180 days if justifiable cause is demonstrated.	Permit Number:	(Only one permit per request)
Extension request must be received by the Department prior to the expiration date; the Director <u>may</u> grant a one time extension for a period not to exceed 180 days if justifiable cause is demonstrated.	Date Permit Issued:	
	Extension request must be received by the Departm	nent prior to the expiration date; the Director may grant a one

ATTACH ADDITIONAL SHEET(S) IF NECESSARY

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Have any changes been made to the original	nal Installer, Contractor and/or	Subcontractor noted on permit?
☐ NO ☐ YES If yes, please provide	current Installer, Contractor, an	d/or Subcontractor information.
Company Name		
License Number	License Classification	Phone Number
Email Address		
Check work being performed	CTRIC PLUMBING G	AS MECHANICAL
ACCESSORY STRUCTURE		
OTHER		
Company Name		
License Number	License Classification	Phone Number
Email Address		
Check work being performed	CTRIC PLUMBING G	AS MECHANICAL
☐ ACCESSORY STRUCTURE		
OTHER		
Company Name		
License Number	License Classification	Phone Number
Email Address		
Check work being performed	CTRIC PLUMBING G	AS MECHANICAL
ACCESSORY STRUCTURE		
OTHER		
ATTACH ADDITIONAL SHEET(S)	IF NECESSARY	
ATTACH ADDITIONAL SHEET(S)	IF NECESSARY	Date Processed: :
ATTACH ADDITIONAL SHEET(S) THIS SECTION IS FOR OFFICE US Approved	IF NECESSARY SE ONLY	Date Processed: :