



TOWN OF SUPERIOR
199 N LOBB AVE, SUPERIOR, AZ 85173/520-689-5752
BUILDING PERMIT APPLICATION

PERMIT EXTENSION/RENEWAL REQUEST

Mail To: Town of Superior
Building Safety Division
Attn: Permit Techs
199 N Lobb Ave
Superior, AZ 85173

Email To: sclark@superioraz.gov

Date: _____
Permit#: _____
Project Address: _____

**A permit that has been expired for less than one year will have a renewal fee of one half of the original permit fee, for example \$1400 (original permit fee) \$700 (renewal fee). A permit that is expired for more than one year will have to pay a full permit fee. **

Due to the following circumstances, I am asking that you extend/renew my permit the allotted 180 days from date of expiration. (If more space is needed, attach a separate page)

Preferred Method of Notification (check one): **MAIL** **FAX** **PHONE** **EMAIL**

Name: _____

Mailing Address/City/State/Zip: _____

Email: _____ **Fax:** _____ **Phone:** _____

Signature: _____

*****OFFICE USE ONLY*****

EXPIRATION DATE: _____

EXTENDED UNTIL: _____

RENEWAL FEE: _____



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(Incomplete applications will not be accepted)

PROPERTY OWNER AUTHORIZATION FORM

I (property owner) _____

hereby authorize (owner's agent) _____

To make application to Town of Superior for the following (description of work)

Assessor Parcel Number: _____

Physical Address: _____

City/Town: _____ State: AZ Zip: _____

By signing this Form, I acknowledge and agree that I am not released from responsibility for: (1) the payment of any and all fees associated with the issuance of any permits, orders, notices or other approvals ("Approvals") by Town of Superior pursuant to my agent's application; (2) the satisfactory completion of all work authorized by such Approvals in compliance with all applicable county, state and federal laws, codes, rules, regulations and requirements; and (3) correcting any violations of the terms and conditions of such Approvals issued by Town of Superior pursuant to my agent's application.

Property Owner: _____

Phone Number: _____

By (signature): _____

Email: _____

Name: _____

Date: _____