



## Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007

Mailing Address: P.O. Box 18520, Phoenix, AZ 85005

P) 602-771-2727 F) 602-771-2749 <https://pharmacy.az.gov/>

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### Remodel Application

Complete and submit this application with a detailed floor plan no less than 30 days before starting your remodel. You may submit the application to the above address or to [jmitchell@azpharmacy.gov](mailto:jmitchell@azpharmacy.gov).

Your remodeled facility will need to be inspected by a Board Compliance Officer. You will need to contact your assigned Compliance Officer to schedule the inspection. Please contact your Compliance Officer at least two weeks in advance of your desired inspection date.

1. **Date of Remodel** \_\_\_\_\_
  2. **Permit #** \_\_\_\_\_
  3. **Business Name (as it appears on permit)** \_\_\_\_\_
  4. **Business Address**  
Street Address \_\_\_\_\_ Suite # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  5. **Mailing Address** Check if mailing address is the same as above.  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  6. **Phone Number** \_\_\_\_\_ 7. **Fax Number** \_\_\_\_\_
  8. **Email Address** \_\_\_\_\_
  9. **Contact for Remodel Application**  
Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_
- Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_