



OFFICE OF THE STATE FIRE MARSHAL



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PERMIT APPLICATION FORM

Date: ___/___/___

NOTE: A FIRE CODE REVIEW FOR GENERAL CONSTRUCTION IS REQUIRED BEFORE ANY FIRE PROTECTION SUB-SYSTEM SUBMITTAL. FAILURE TO PROVIDE ACCURATE AND COMPLETE INFORMATION ON THIS APPLICATION WILL RESULT IN THE PERMIT APPLICATION BEING REJECTED.

<p>Project Information: If any change to building structure or occupancy is occurring, a Fire Code Review must be completed.</p> <p>Fire Code Review Permit Number: _____</p> <p>G/CO: _____</p> <p>Facility Name: _____</p> <p>Legal Street Address: _____</p> <p>_____</p> <p>City: _____</p> <p>County: _____ Zip: _____</p>	<p>Applicant Information:</p> <p>Company: _____</p> <p>Address: _____</p> <p>City: _____ State: ___ Zip: _____</p> <p>Contact Person: _____</p> <p>Phone: _____ - _____ - _____ Ext: _____</p> <p>Cell: _____ - _____ - _____ Fax: _____ - _____ - _____</p> <p>Email: _____</p> <p>Contractor's License Type & Number: _____</p>
<p>Owner's Information:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: ___ Zip: _____</p> <p>Contact Person: _____</p> <p>Contact Number: _____ - _____ - _____ Ext: _____</p>	<p>Type of Permit Requested:</p> <p>_____</p> <p><input type="checkbox"/> New Construction <input type="checkbox"/> Modification</p> <p>Square / Linear Footage: _____</p> <p>Number of Floors / Levels: _____</p>
<p>General Description of Project:</p> <p>_____</p> <p>_____</p>	
<p>List all Other Jurisdiction(s) involved in this Project (Fire Departments, Bldg. Departments, etc.):</p> <p>List if this project is on Sovereign Nation Land:</p> <p>_____</p>	
<p><u>Office use only:</u></p> <p>Payment Date: ___/___/___ <input type="checkbox"/> Cash <input type="checkbox"/> Chk # - _____ Amount: \$ _____ Received by: _____</p> <p>Login Date: ___/___/___ Permit # _____ FID # _____ Bin # _____ Rec # _____</p>	

In accordance with the 2003 IFC, all permits issued shall automatically become invalid if the work authorized by issued permit is not inspected within 180 days. Permit may be extended by contacting this office.