



Verde Valley Fire District
 2700 E. Godard Road, Cottonwood, AZ 86326
 (928) 634-2578 (928) 646-5737 fax

Permit Number Issued:

PERMIT APPLICATION FORM:

Date: _____

Payment may be mailed with this form to above address. Credit card payments are available by phone, or in person.

<p>Project Information</p> <p>Project Name: _____</p> <p>House Model/Name: _____</p> <p>Legal Street Address: _____</p> <p>_____</p> <p>Project Type (check one): <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Government Facility</p> <p>Type of Permit Requested</p> <p><input type="checkbox"/> Alteration and/or Addition to Existing System (Check system type below)</p> <p><input type="checkbox"/> New Automatic Fire-Extinguishing System Number of heads: _____</p> <p><input type="checkbox"/> Fire Alarm System and Related Equipment</p> <p><input type="checkbox"/> Kitchen Hood/Fire System(s)</p> <p><input type="checkbox"/> Hot Works</p> <p><input type="checkbox"/> Tent, Canopy or Temporary Membrane Structure</p> <p><input type="checkbox"/> Other: _____</p>	<p>Applicant Information</p> <p>Contact Person: _____</p> <p>Company Name: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>Phone #: _____</p> <p>Fax #: _____</p> <p>Email: _____</p> <p>Contractor's License Number: _____</p> <p>Contractor's License Type: _____</p> <hr/> <p>Owner's Information</p> <p>Owner: _____</p> <p>Contact Name: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>Phone #: _____</p> <p>Email: _____</p>
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General Description of Project:

Please list other jurisdiction(s) involved in this project (Office of the State Fire Marshal, Town of Clarkdale Community Development, etc.). Include contact information.

NOTE: Failure to provide all requested information on this application accurately and completely will result in the permit application being rejected. For questions, contact the Fire Inspector (928) 634-2578 x4

Office use only

Date Permit Issued: _____

Fee Due: _____ Received by: _____

Comments: _____