

Copper Canyon Fire and Medical District

26 W. Salt Mine Rd.
CAMP VERDE, AZ 86322-0386
BUSINESS 567-9401 • EMERGENCY 911

Fire Alarm Permit Application

Section A, Site Information: Complete for all permits

Job Address:

_____ *Number and Street name, City/Town, Zip code*

Name of Tenant:
(if business)

Owner Name:

Owner Address:

Zip Code: _____

Owner Phone Number: () _____

Section B, Project Information: Complete for all permits.

Occupancy Classification: _____ Number of Stories: _____ Square Footage: _____

New System Installation

System Class: A B Addressable Other _____

Renovation/Alteration of Existing System

Signal Initiating Devices

Gauge of Wire _____

Quantity

Detectors (heat, smoke, rate of rise, etc.)

Manual Pull Stations

Tamper Switches

Water Flow Switches

Other (FF Phones, UL/Ansul Systems, etc.)

Notification Devices

Gauge of Wire _____

Quantity

Horns, strobes, combination devices, speakers, etc.

Items Controlled by Alarm

Quantity

Fan Shutdown/Start

Elevator Recall/Shutdown

Door Closure Devices

Fire Alarm Control Panel, Annunciators

Number of Zones (Identify Zones on Plans)

Section C, Applicant, Project Contractor/Designer Information:

Installing Contractor:

_____ *Name*

_____ *Address*

_____ *Phone*

Designer/Nicet III Info:

_____ *Name*

_____ *Address*

_____ *Phone*

Applicant Name and License:

Address:

Phone

I hereby certify that the information contained within this application is correct and accurate.

Signature of Applicant: _____ **Date:** _____