

*Copper Canyon Fire and Medical District*

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

**Fire Sprinkler 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.**

Indicate what the permit is being obtained for below, check all that apply:

New System Installation  Renovation/Alteration of Existing System

Type of System:  13  13R  13D  Wet  Dry  Other \_\_\_\_\_

Hazard Classification:  Light  OH I  OH II  Extra Hazard  Number of Risers \_\_\_\_\_

General Type of Installation  Above Ceiling  Below Ceiling  Obstructed  Unobstructed  High Piled Storage

Description of project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section C, Building Information: Complete for all permits: new construction, renovation, alterations.**

Occupancy Classification: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

Square Footage: \_\_\_\_\_ Number of floors: \_\_\_\_\_

**Section D, Applicant, Project Contractor/Designer Information:**

**Sprinkler Contractor:** \_\_\_\_\_  
*Name Address Phone*

**Fire Protection Engineer/Nicet III Info:** \_\_\_\_\_  
*Name Address Phone*

Applicant Name and License:	Address:	Phone
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I hereby certify that the information contained within this application is correct and accurate.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_