



Town of Camp Verde

Community Development Department – Building Division

◆ 473 S. Main Street, Suite 108 ◆ Camp Verde, Arizona 86322 ◆

◆ Telephone: 928.554.0050 ◆ www.campverde.az.gov ◆

FIRE PROTECTION SYSTEMS PROJECT PERMIT APPLICATION

Note: To ensure the most expedient permit processing, commercial applicants must receive approval for Development Standards Requirements through the Planning & Zoning Department prior to submitting an application for construction. Plans that do not meet the exception requirements of ARS §32-144 shall be designed and sealed by an Architect/Engineer licensed to practice in the State of Arizona. This shall include plans, calculations, and drawings including plumbing, mechanical and electrical in which one (1) set will require an original wet seal.

In order to process a fire protection systems project permit application, the following information must be submitted:

- Completed Application Packet** - including project information, property information, property owner information, applicant information, designation of agent, contractor information, plot plan sketch, fire alarm permit application (if applicable), fire sprinkler permit application (if applicable), hood and extinguishing permit application (if applicable) and above ground storage tank permit application (if applicable).
Please Note: All contractors must have a valid ROC License and Town Issued Business License.
- Three (3) Sets Of Construction Documents (Plans)** – One (1) Set Provided Must Be Original Wet Seal
 - Plans must be submitted on a minimum of 18" x 24" and a maximum of 36" x 48" size paper at no less than ¼" = 1' and details at ½" = 1'. Plans, including calculations shall be legible and easy to read, and of sufficient clarity to indicate the location, nature and extent of the work proposed.
 - Cover Sheet** – Including The Following Information:
 - Contacts (Principal, Company Name, Address & Phone Number)
 - Parcel Number & Address
 - Owners Name, Address & Phone Number
 - Sheet Index
 - Project Data (Codes Referenced, Zoning, Use, Site Coverage, Occupancy, Building Height, Construction Type, Square Footages, Building Area, Setbacks, Sprinklers, etc.)
 - Site Plan** - Including An 8.5" x 11" Plot Plan Drawn To Scale Or Dimensioned Indicating The Following:
 - Assessor's Parcel Number and Project Address
 - Scale Used (May Be Engineer Or Architect's Scale, no less than 1"=50')
 - Direction of North
 - Parcel Diagram (Including Property Lines and Dimensions)
 - Label front of property.
 - Label adjacent streets or alleys within 150' of property. Indicate width, length, turning radius and grade.
 - Indicate location and dimensions of easements that apply with proof of legal access.
 - Indicate ingress/egress (driveway locations).
 - Indicate topography, both existing and proposed, with contour lines shown in two (2) foot increments.
 - Indicate the location of any terrain features that affect placements including washes, creeks or ditches within twenty (20) feet of the building site.
 - Indicate all existing and proposed buildings and structures (actual footprints).
 - Indicate dimension and setbacks of all buildings to property lines and between new and existing structures.
 - Indicate utility easements and lines.
 - Indicate location of existing or proposed septic tank and leach lines, sewer line(s), water line(s), fire hydrant(s), electric and any other utility lines (including dimensions, size and setback or distance from proposed building).
 - Indicate location of well (if applicable).
 - Indicate location of propane tanks (including dimensions, size and setback or distance from proposed building, if applicable).
 - Delineate parking spaces and include ADA accessibility.



Handicap Relay: 711 or Voice: 1-800-842-4681 TTD: 1-800-367-8939



- ❑ **Architectural Plans** – Shall Include and Be Designed and Sealed by an Arizona Registered Design Professional (As Applicable).
 - Floor plan for each story showing square footage.
 - Architectural details for fire resistive construction and penetrations.
 - Accessibility requirements and emergency exit plan.
 - Window, door and room finish schedules.
 - Proposed uses.
 - Fire wall location and type.
- ❑ **Structural Plans and Calculations** – Shall Include and Be Designed and Sealed by an Arizona Registered Design Professional.
 - All structural components of the proposed work.
 - Roof framing plan, wall section, details and calculations for all the above.
 - Truss design drawings (with consideration for roof mounted equipment).
 - I-joint include but not limited to the following: foundation plan, floor framing plan, systems with manufacturer’s layout and engineering sheets.
- ❑ **Mechanical Plans** – Shall Include and Be Designed and Sealed by an Arizona Registered Design Professional (As Applicable).
 - Complete mechanical system layout.
 - Calculations and methods of meeting ventilation requirements.
 - Details of equipment installation and condensation drains.
 - Fire damper and penetration details.
 - Kitchen hood system details.
- ❑ **Plumbing Plans** – Shall Include and Be Designed and Sealed by an Arizona Registered Design Professional (As Applicable).
 - Complete layout for water, gas and drainage systems.
 - Pipe sizing for all proposed systems.
 - Isometric of waste, vent, hot/cold water, and gas systems.
- ❑ **Electrical Plans** – Shall Include and Be Designed and Sealed by an Arizona Registered Design Professional (As Applicable).
 - Complete layout including location of the service and sub-panels.
 - Details of any special systems.
 - Load calculations, panel schedules and one-line diagram.
- ❑ **Fire Alarm Plans** – Shall Include and Be Designed and Sealed by an Arizona Registered Design Professional (As Applicable). See Attached Camp Verde Fire District Requirements.
- ❑ **Fire Sprinkler Plans** – Shall Include and Be Designed and Sealed by an Arizona Registered Design Professional (As Applicable). See Attached Camp Verde Fire District Requirements.
- ❑ **Commercial Kitchen Hood/Ansul System Plans** – If Not Submitted As Part Of The Mechanical Drawings An Additional Three (3) Sets Of Mechanical Drawings Are Required. See Attached Camp Verde Fire District Requirements.
- ❑ **Deposit** will be collected upon submittal of application in accordance with the current adopted fee schedule.

**Note: Additional Information May Be Required As Determined By The Building Official or Camp Verde District.
A Separate Permit Will Be Required For All Deferred Submittal Items.**

AN INCOMPLETE APPLICATION WILL CAUSE YOUR PERMIT TO BE DELAYED

Note: 9-807. Mandated fire sprinklers in certain residences prohibited; exception; permit application format

A. A municipality shall not adopt a code or ordinance or part of a uniform code or ordinance that prohibits a person or entity from choosing to install or equip or not install or equip fire sprinklers in a single family detached residence or any residential building that contains not more than two dwelling units. A municipality shall not impose any fine, penalty or other requirement on any person or entity for choosing to install or equip or not install or equip fire sprinklers in such a residence. This section does not apply to any code or ordinance that requires fire sprinklers in a residence and that was adopted before December 31, 2009.

Note: 9-495. Arizona Revised Statute In any written communication between a city or town and a person, the city or town shall provide the name, telephone number and email address of the employee who is authorized and able to provide information about the communication if the communication does any of the following:

1. Demands payment of a tax, fee, penalty fine or assessment;
2. Denies an application for a permit or license that is issued by the city or town; or
3. Requests corrections, revisions or additional information or materials needed for approval of any application for a permit, license or other authorization that is issued by the city or town.

An employee who is authorized and able to provide information about any communication that is described above shall reply within five (5) business days after the city or town receives that communication.

Please Note: The Following Approvals May Be Required Before A Permit Is Issued:

Camp Verde Building Department - Camp Verde Planning & Zoning Department - Camp Verde Public Works Department
 Camp Verde Waste Water Division - Camp Verde Fire District - Yavapai County Environmental Services
 Yavapai County Flood Control - Yavapai County Health Services – (Submit Plans Directly To Yavapai County For Approval)
 Arizona Department of Transportation – ADOT (Submit Plans Directly To ADOT For Approval)
 Arizona Department of Environmental Quality – ADEQ (Submit Plans Directly To ADEQ For Approval)



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Town of Camp Verde Community Development

♦ 473 S. Main Street, Suite 108 ♦ Camp Verde, Arizona 86322 ♦
♦ Telephone: 928.554.0050 ♦ www.campverde.az.gov ♦

OFFICIAL USE ONLY:

PERMIT NUMBER: _____

TIME/DATE STAMP: _____

APPLICATION FOR PERMIT

PROJECT INFORMATION:

PROJECT TYPE: RESIDENTIAL COMMERCIAL ADDITION ALTERATION/REMODELING DEMOLITION NEW OTHER

DESCRIPTION OF PROJECT: _____ VALUATION: \$ _____

HAS CONSTRUCTION STARTED ON THIS PROPERTY: YES NO SQUARE/LINEAR FOOTAGE: _____ BLDG HEIGHT: _____

PROPERTY INFORMATION:

PARCEL NUMBER: _____ - _____ - _____ PHYSICAL ADDRESS: _____

PROPANE NATURAL GAS ALL ELECTRIC

SANITATION SERVICE PROVIDED BY:

CAMP VERDE WASTEWATER (SEWER) PERMIT # _____ SEPTIC SYSTEM PERMIT # _____

Note: Sewer connection permits must be obtained directly from the Camp Verde Waster Water Division. Please contact the Waste Water Division at (928) 567-6794. Septic permits must be obtained directly from Yavapai County Development Services. Please contact Yavapai County at (928) 639-8151 or www.yavapai.us.

WATER SERVICE PROVIDED BY:

CAMP VERDE WATER COMPANY VERDE LAKES WATER COMPANY WELL – PERMIT NUMBER: _____

Note: Well licensing information can be obtained through Arizona Department of Water Resources (ADWR). Please contact ADWR at (602) 771-8500 or www.azwater.gov.

PROPERTY OWNER INFORMATION:

OWNER(S) NAME: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: (_____) _____ - _____ E-MAIL: _____

Note: If you recently purchased this property and Yavapai County does not yet reflect you as the current property owner, you will be required to show proof of ownership documentation at the time of application submittal.

APPLICANT INFORMATION:

OWNER TENANT AGENT CONTRACTOR OTHER

APPLICANT NAME: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: (_____) _____ - _____ E-MAIL: _____

Attention Applicant: If you are not the property owner, you must have something in writing from the property owner granting you permission to act on their behalf as agent. Or the following Designation of Agent clause must be signed by the property owner:

DESIGNATION OF AGENT

WHEREAS, the above property owner is seeking to develop or improve real property within the municipal limits of the Town of Camp Verde, Yavapai County, Arizona, which will require the filing, processing, and payment of certain zoning, construction and inspection permits and reports, both from the Town and related agencies, and WHEREAS, the owner elects to designate an agent with authority to file and process all necessary permits and information related to property zoning and improvement, including the authority to pay fees and consent to inspections, NOW THEREFORE, the undersigned owner hereby designates:

_____, whose address is: _____

whose email is: _____, whose phone number is: _____

agent to file the permit applications and related documents with the Town of Camp Verde, with such authority to continue until the application process is complete or as may be earlier revoked in writing.

OWNER NAME: _____ SIGNATURE: _____ DATE: _____

CONTRACTOR INFORMATION:

ARS §32-1169. Local proof of valid license; violation; penalty. A. Each county, city, or other political subdivision or authority of this state or any agency, department, board or commission of this state which requires the issuance of a building permit as a condition precedent to the construction, alteration, improvement, demolition or repair of a building, structure or other improvement to real property for which a license is required under this chapter, as part of the application procedures which it utilizes, shall require that each applicant for a building permit file a signed statement that the applicant is currently licensed under the provisions of the chapter with the applicant's license number and the applicant's privilege license number required pursuant to ARS Section §42-5005. If the applicant purports to be exempt from the licensing requirements of this chapter, the statement shall contain the basis of the asserted exemption and the name and license number of any general, mechanical, electrical or plumbing contractor who will be employed on the work. The local issuing authority may require from the applicant a statement signed by the registrar to verify any purported exemption. B. The filing of an application containing false or incorrect information concerning an applicant's contractor's license or transaction privilege license with the intent to avoid the licensing requirements of this chapter is unsworn falsification pursuant to ARS Section§13-2704.

I AM CURRENTLY A LICENSED CONTRACTOR:

NAME: _____ COMPANY NAME: _____

ROC LICENSE NUMBER: _____ LICENSE CLASS: _____ TOWN BUSINESS LICENSE #: _____

SIGNATURE: _____ TITLE: _____ DATE: _____

Note: All contractors performing work within the Town of Camp Verde are required to obtain a Town Business License. Town Business Licenses can be obtained through the Clerk's Office at 473 S. Main St. Ste. 102, Camp Verde, AZ 86322.

EXEMPTION FROM LICENSING:

I am exempt from Arizona Contractors' License Laws on the basis of the license exemptions contained in ARS §32-1121A, namely:

- ARS §32-1121A.5 – I am the owner/builder of the property and the property will not be sold or rented for at least one year after completion of this project.
- ARS §32-1121A.6 – I am the owner/developer of this property and I will contract with a licensed general contractor to provide all construction services.
 - All contractors' names and license numbers will be included in all sales documents.
- Other – (Please Specify): _____

I understand that the exemption provided by ARS §32-1121A.14 (The Handyman Exemption) does not apply to any construction project which requires a building permit and/or the total cost of materials and labor are \$1,000 or more.

I will be using the following licensed contractors on this project:

| | | | |
|-----------------------|------------------------------|--------------------|---------------|
| GENERAL CONTRACTOR | TOWN BUSINESS LICENSE NUMBER | ROC LICENSE NUMBER | LICENSE CLASS |
| ELECTRICAL CONTRACTOR | TOWN BUSINESS LICENSE NUMBER | ROC LICENSE NUMBER | LICENSE CLASS |
| MECHANICAL CONTRACTOR | TOWN BUSINESS LICENSE NUMBER | ROC LICENSE NUMBER | LICENSE CLASS |
| PLUMBING CONTRACTOR | TOWN BUSINESS LICENSE NUMBER | ROC LICENSE NUMBER | LICENSE CLASS |

NAME: _____ SIGNATURE: _____ DATE: _____

BUILDING CODE REQUIREMENTS:

2018 INTERNATIONAL BUILDING CODE (IBC) & APPENDIX J
 2018 INTERNATIONAL EXISTING BUILDING CODE (IEBC)
 2018 INTERNATIONAL FUEL GAS CODE (IFGC) & APPENDICES A, B, C, D
 2017 NATIONAL ELECTRICAL CODE (NEC)
 2018 INTERNATIONAL RESIDENTIAL CODE (IRC) & APPENDICES M, N, Q
 TOWN CODE CHAPTER 7 – BUILDING

2018 INTERNATIONAL ENERGY CONSERVATION CODE (IECC)
 2018 INTERNATIONAL FIRE CODE (IFC) & APPENDICES B, C, D
 2018 INTERNATIONAL MECHANICAL CODE (IMC) & APPENDIX A
 2018 INTERNATIONAL PLUMBING CODE (IPC) & APPENDIX F
 2018 INTERNATIONAL SWIMMING POOL AND SPA CODE (ISpsc)

Note: Applicant assumes all responsibility for complying with any deed restrictions (CC&R's) that may apply to the property.

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I DECLARE that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the Ordinances of the Town of Camp Verde. I realize that the information that I have stated heron forms a basis for the issuance of the Building Permit herein applied for and approval of any plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any provision of the Town Code or any other ordinance or to excuse the owner or his successors from complying therewith. WHERE NO WORK HAS COMMENCED WITHIN 180 DAYS AFTER THE ISSUANCE OF A PERMIT OR WHEN MORE THAN 180 DAYS LAPSES BETWEEN APPROVAL OF REQUIRED INSPECTIONS, SUCH PERMIT SHALL BE VOID. I hereby certify that I am the OWNER at this address or that, for the purposes of obtaining this approval; I am acting on behalf of the owner. All contract work on this project will be done by a contractor holding a valid privilege tax license issued by the Town of Camp Verde and contractor's license issued by the State of Arizona.

NAME: _____ SIGNATURE: _____ DATE: _____

OFFICIAL USE ONLY:

| | |
|------------------------------|----|
| Building: | \$ |
| Plan Review: | \$ |
| Engineering: | \$ |
| Fire: | \$ |
| Zoning: | \$ |
| Inv. Fee: | \$ |
| ICC Valuation: | \$ |
| Subtotal: | \$ |
| 3% Tech Fee: | \$ |
| Total Due: | |
| Deposit Amount: | |
| Balance Due: | |
| Application Taken By: | |

PLOT PLAN SKETCH:

Show lot/parcel lines and dimensions, adjacent streets and alleys, front of property, driveway, location of all proposed and existing buildings including dimensions, all building setbacks and distances between buildings, location of septic tank and leach lines, locations of incoming water yard lines and meter, electric yard line and meter, gas lines and tanks, any terrain features that affect placements, location and dimensions of easements and any washes, creeks or ditches within twenty (20) feet of the property.

PARCEL NUMBER _____ - _____ - _____

SCALE: _____
NO SMALLER THAN 1" = 50'

INDICATE NORTH:



I/WE, _____, certify that I/WE are the Owner or Owner's Agent, that all information provided for this plot plan is correct and that this plot plan, as a part of the permit application, indicates all structures (including fences, walls, and pads), correct setback distances, legal access and easements, cuts, fills, drainage and any water course (including washes, drainage ditches, etc.) on or adjacent to the property within twenty (20) feet of any proposed or existing structure(s). I/WE, the Owner or Owner's Agent indemnify and hold harmless the Town of Camp Verde, its officers, agents and employees for any omissions knowingly or unknowingly made by the Owner, Applicant or Agent on this plot plan, resulting in the issuance of permit. I/WE understand that any items constructed in an easement, legal access area or right-of-way may be required to be removed. Furthermore, I/WE, the Owner or Owner's Agent understand that the Town of Camp Verde, its officers, agents and employees, will not be responsible for removal and replacement of said structure(s), AND removal/replacement of said structures will be at the Owner's expense. I/WE certify that the proposed construction will conform to the dimensions and uses shown and that no changes will be made without first obtaining approval.

OWNER/AGENT SIGNATURE: _____ DATE: _____

OFFICIAL USE ONLY:

PERMIT NUMBER: _____ APPROVED BY: _____ DATE: _____



Copper Canyon Fire & Medical District

26B Salt Mine Road, Camp Verde, AZ 86322
www.ccfmd.az.org Phone (928) 567-9401

Fee Schedules Include 1 Plan Review, 1 re-submittal Unless Noted Below, 2 Inspections

| | |
|--|--|
| New Construction - within the Town of Camp Verde: includes new construction and tenant improvements | 40% of Town of Camp Verde plan review fee based on project valuation |
| New construction - within Yavapai County: includes new construction and tenant improvements. Based on total square footage of the project | 40% of Yavapai County plan review fee based on project valuation |
| Expedited Plan Review fee | \$572 per Submittal |
| Additional Plan Review after Per plan | \$100 per hour, minimum 1 hour. |
| Permit renewal, no plan review required | \$100 |
| Plan submittal not on this schedule | \$100 per hour, minimum 1 hour. |
| Preliminary Plan Review | \$0 |
| Use Permit | \$75 |
| <u>Subdivision Plans</u> | |
| Conceptual | \$0 |
| Preliminary | \$75 |
| Final Plat | \$75 |
| <u>Fire Alarm Systems</u> | |
| New Installation. | \$483 |
| Over 10,000 sq. ft. Base Fee +.03 per Sq Ft | |
| Fire Alarm Modifications | \$300 |
| 1-20 devices | |
| > 21 devices | |
| <u>Fire Sprinklers Systems-</u> | |
| <i>NFPA 13 & 13R - Commercial</i> | \$600 |
| Up to 10,000 sq. ft + \$0.03 per sq ft over 10,000 sq ft. | |

| | |
|---|---|
| Commercial Fire Sprinkler Modifications | \$400 |
| NFPA - 13D - 1 & 2 family dwellings | \$400 |
| Up to 10,000 sq ft. Base fee + \$0.03 per sq ft | |
| <u>Kitchen Fire Suppression Systems</u> | |
| New Install: Kitchen Suppression Systems | Single system - \$283 Per Submittal additional systems - \$130 per Submittal |
| Modifications: Kitchen Suppression Systems | Single system - \$160 additional systems - \$100 |
| <u>CO2 Beverage System</u> | \$250 Per Submittal |
| <u>Fire Pump</u> | |
| New install | \$358 Per Submittal |
| Fire Pump Modification | \$293 per Submittal |
| <u>Underground Fire Lines</u> | |
| Fire Main/ FDC | \$500 per submittal |
| <u>Water tank for Private/ Commercial Fire Protection</u> | \$209 Per Submittal |
| <u>Alternate Water Supply, per NFPA 1142.</u> | |
| New Install | \$500 Per Submittal |
| Additional flow test for more than one fire hydrant | \$40 per fire hydrant. |
| <u>Fire hydrant installation and flow.</u> | |
| Fire Hydrant Flow test. | \$121 per Submittal |
| <u>Alternative Systems</u> | \$450 Per Submittal |
| <u>Spray Booth or Dipping Operations</u> | |
| Pre-Manufactured | \$125 |
| Non pre-manufactured | \$225 |
| <u>Fire Department Access Gates (Commercial)</u> | |
| New Install - Access gate (Commercial) | \$250 Per Submittal |
| Additional Gate(s), same property | \$25 per gate |
| Modification - Access gate (Commercial) | \$100 Per Submittal |
| <u>Solar Photovoltaic Power Systems</u> | |
| New install or modifications (commercial) | \$250 |
| Residential Installation | \$200 |
| Liquid Propane Gas (commercial) | \$250 |
| Modification of system | \$100 |
| <u>Storage - Per site</u> | |
| Flammable/Combustible Liquids Storage New install or modification | \$150 |

| | |
|--|-------|
| Compressed Gasses New install or modification | \$150 |
| Hazardous Material Storage New install or modification | \$150 |
| High-Piled Combustible Storage New install or modification | \$150 |

| | |
|--|--------------|
| <u>Tents or Membrane Structures In the 2018 IFC canopies are now defined as a tent.</u> | \$250 |
| Additional tent(s); same vendor, same location | \$50 |

| | |
|---|-------|
| <u>Blasting</u> | |
| 3-day single project, no non-site storage | \$100 |
| > 3-day single project, no non-site storage | \$100 |
| Magazine Storage (Each site) | \$100 |

| | |
|---|------------------------|
| <u>Fireworks/Pyrotechnics Display.</u> | \$500 Per Display/Show |
| <u>Additional fee for operational standby may be required.</u> | |

| | |
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| <u>Special Events, does not include any standby fees.</u> | \$100 |
| After Hours Inspections | \$312 |
| Additional Standby fees may be required. | |

| | |
|---|--|
| <u>Miscellaneous Fees:</u> | |
| <u>Note: These fees are at the discretion of the AHJ</u> | |

| | |
|---|--|
| Multi-Story Building Inspection-Fire Sprinkler and Fire Alarm | \$125 above 2 floors |
| Re-inspection not otherwise specified | \$125 per inspection |
| After-Hours Construction Inspection | \$75 per hour, per inspector Per floor |
| <u>Starting or completion of work without a work permit.</u> | 300% of original permit fee |

| | |
|--|---------------|
| Fire-Watch/ Standby- Fire Code Official | \$75 per Hour |
| 4-Hour Minimum. Does not include operational standby | |

| | |
|---|--|
| <u>Out-of-District Fire Investigations (Does Not Apply to Mutual-aid Partners)</u> | Investigators hourly wage plus employee related expenses |
|---|--|

| | |
|---|--------|
| <u>Records</u> | |
| Incident/ EMS / Fire Investigation Report | \$20 |
| Photos | \$10 |
| Public Records (per page) | \$0.10 |
| Additional Charge to Mail Request | \$2 |

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 Renovation/Alteration of Existing System

System Class: A B Addressable Other _____

| 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:** _____

Copper Canyon Fire and Medical District

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

Hood & Extinguishing System Permit Application

PLEASE PRINT

Section A, Site Information: *Attention: Sections A, B & D (and C when applicable) must be completely filled out for all projects.*

Name of Building/Site: _____

Physical Location: _____

Applicant Information:

| | |
|---------|---------|
| Name | Phone |
| Address | License |

Building Owner Name: _____

Owner Mailing Address: _____ Zip Code _____

Owner Phone Number: () _____

Section B, Project Information: *Complete for all Hood installations.*

| | |
|---|---|
| Size of Hood: Length _____ Width _____ | Size of Duct: _____ |
| Total Square Feet of Hood opening: _____ | Sq. Feet of Duct: _____ |
| Filter Size: _____ Sq Inches Per Filter: _____ | Fan CFM: _____ |
| Total Number of Filters: _____ | Calculated Duct Velocity: _____ |
| Is hood mounted on a combustible surface: <input type="checkbox"/> YES <input type="checkbox"/> NO | Hood Construction: <input type="checkbox"/> No.18ga. Carbon Steel (Check one) <input type="checkbox"/> No. 20ga. Stainless Steel |
| If <u>Yes</u> , indicate clearance provided: _____ inches Indicate on plan if necessary. | Duct Construction: <input type="checkbox"/> No.16ga. Carbon Steel (Check one) <input type="checkbox"/> No.18ga. Stainless Steel |

Section C, Automatic Fire Suppression Systems: *Complete for all Suppression System installations.*

Name of Installer: _____

Agent Type: Wet Chemical Other: _____

System Make: _____ System Model: _____

Kitchen Hood, where installed is provided with a portable fire extinguisher rated 40B: Yes No N/A

This application must be accompanied by the following:

- *Drawing of coverage area to include all appliances/equipment, piping and device locations.*
- *Manufacturer's specifications and information.*

Signature of Applicant: _____ Date: _____

Copper Canyon Fire and Medical District

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

Solar Photovoltaic Permit Application

Section A, Site Information: *Complete for all permits*

Job Address:

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

Name of Building Owner: _____

Owner Address (Street): _____

Owner Address (City, State): _____

Zip Code: _____

Owner Phone Number: _____

() _____

Section B, Project Information: *Complete for all permits.*

Roof Square Footage: _____ Array Square Footage: _____ All AC System?: Yes or No

Roof Style: Hip Roof Single Ridge Roof Gable Roof

Roof Slope: _____

Roof Access:

Number of Roof Access Points _____

Width of Roof Access Points _____

Is the roof access point over a door or window? _____

Are roof access points located at strong points of building construction? _____

Are panels/modules located higher than 3' below the ridge? _____

Markings (Interior and Exterior)

Are all DC conduits, enclosures and raceways marked every 10 feet? _____

Are all DC cable assemblies, junction and combiner boxes marked? _____

Are all disconnects marked? _____

Section C, Applicant, Project Contractor/Designer Information:

Installing Contractor:

_____ *Name*

_____ *Address*

_____ *Phone*

License Information: _____

Applicant Name: _____

Address: _____

Phone _____

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

Signature of Applicant: _____ Date: _____

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 |
|-----------------------------|----------|-------|

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

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

Copper Canyon Fire and Medical District

26 W. Salt Mine Rd.
P.O. BOX 386 • CAMP VERDE, AZ 86322-0386
BUSINESS 567-9401 • EMERGENCY 567-4123 OR 911

ABOVE GROUND STORAGE TANK PERMIT

A site plan drawn to scale must be submitted for each tank(s). Plan must indicate distance to lot lines and nearby buildings.

Tank Site Location

| | |
|-----------------------------|----------------|
| Building or Site Name _____ | |
| Address _____ | |
| City _____ | Zip Code _____ |

Owner Information

| | |
|--------------------|---------------------|
| Name _____ | Phone Number: _____ |
| Address _____ | |
| Town or City _____ | Zip Code _____ |

Tank Information

| | | | | | |
|--|--------------------------------------|---------------------------------------|--------------------------------------|---------------------------------|--------------------------------|
| Number of tanks _____ | Type: LP <input type="checkbox"/> | Fuel Oil <input type="checkbox"/> | Gasoline <input type="checkbox"/> | Diesel <input type="checkbox"/> | Other <input type="checkbox"/> |
| Type of tank: Aboveground <input type="checkbox"/> | Underground <input type="checkbox"/> | Single Wall <input type="checkbox"/> | Double Wall <input type="checkbox"/> | | |
| Tank use: Temporary <input type="checkbox"/> | Permanent <input type="checkbox"/> | Bulk Storage <input type="checkbox"/> | Dispensing <input type="checkbox"/> | | |
| Size of tank (water capacity) _____ | | | | | |
| Manufacturer of tank _____ | | | Serial Number _____ | | |
| Distance of tank from nearest important building _____ | | | | | |
| Distance from property line _____ | | Distance between other tanks _____ | | | |

Contractor / Applicant Information – Print or Type Only

| | | |
|-----------------------|-------------------|---------------|
| Company Name: _____ | | |
| Contact Person: _____ | Position: _____ | |
| Address: _____ | | |
| City: _____ | State: Zip: _____ | E-mail: _____ |
| Phone Number: _____ | Fax: _____ | |

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

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