



ARIZONA FIRE & MEDICAL AUTHORITY

Protecting life and property and enhancing the well-being of all those that we serve.

PLAN REVIEW APPLICATION

INSTRUCTIONS:

1. Submit one electronic set of plans to crmd@afma.az.gov – OR – two sets of paper plans.
2. Submit all applicable specifications for Fire Protection Systems / cut-sheets.
3. Plans must meet current NFPA Standards and the 2018 International Fire Code **with** local amendments.
4. **MUST COMPLETE 100% OF THE APPLICATION TO PREVENT RETURN/RESUBMITTAL.**

PROJECT INFORMATION (To be completed by Applicant):

Contractor: _____

Contractor Address: _____ City, State, Zip _____

Contractor Phone _____ License# _____

Business / Tenant: _____ Business Phone: _____

Construction Address: _____

Cross Street: _____ City, State, Zip _____

Total Sq. Ft. _____ Estimated Job Value \$ _____ New ___ Existing ___ Remodel ___

Job description: _____

Application Submitted by: _____ Date: _____

* Fire Department Office Use Only *	
Application Received by: _____	Date: _____
Application Approved by: _____	Date: _____
Permit # _____	Occupancy ID# _____

