



# 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 – *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.

### PROJECT INFORMATION (To be completed by Applicant):

Contractor: \_\_\_\_\_

Business address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Contractor Phone \_\_\_\_\_ License# \_\_\_\_\_

Owner / Tenant: \_\_\_\_\_ Tenant 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# \_\_\_\_\_

