

SUN CITY FIRE AND MEDICAL DEPARTMENT



PERMIT APPLICATION FORM

18602 North 99th Avenue
 Sun City, AZ 85373
 Office 623-974-2321 Fax 623-972-1996

NOTE: INCOMPLETE OR ILLEGIBLE APPLICATIONS CANNOT BE PROCESSED

For Office Use Only			
Occupancy ID#	SCFD Permit #	Plan Review Fee Paid	Permit Fee Paid

PROJECT INFORMATION

Date: _____
 Project Name: _____
 Project Address: _____ Suite #: _____ Project Contact Name: _____
 City: _____ State: _____ Zip Code: _____ Contact Phone #: _____
 Project Contact Email: _____ Bill Permit Fees to: _____

CONTRACTOR INFORMATION

Contractor Name: _____
 Contractor Address: _____
 City: _____ State: _____ Zip Code: _____ Contact Phone #: _____
 Contractor Contact Name: _____
 Contractor Contact Email: _____ Contractor ROC#: _____

WORK BEING PERFORMED

Construction Project Type	Total SQ FT	Project Estimate Value (\$)	
Fire Sprinkler	Head Count	Fire Alarm	Device Count
Commercial Hood System	Flow Test	CO2 Systems	New CO2 System

BRIEF DESCRIPTION OF PROPOSED WORK

Describe: _____

I hereby certify that I am the owner or duly authorized owner's agent, that I have read this application and that all information is correct. To keep permit active and avoid unnecessary expirations, it is important that you call for inspections at 623-974-2321.

Note: The permit becomes null and void if the construction work has not commenced within 180 days from the date of issue or, if any time prior to the final inspection and approval, the work is suspended or abandoned for a period of 180 days.

Signature: _____

Printed Name: _____