



# Sun City Fire Department

## PERMIT APPLICATION FORM

18602 N. 99<sup>th</sup> Avenue

Sun City, AZ 85373

Business # (623-974-2321) Fax # (623-972-1996)

Occupancy ID#: \_\_\_\_\_

Permit #: \_\_\_\_\_

**(Office Use Only)**

DATE: \_\_\_\_\_

**>> NOTE: INCOMPLETE OR ILLEGIBLE APPLICATIONS CANNOT BE PROCESSED <<**

### Project Information

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

Project Type: New  Existing  Remodel  Project Value: \$ \_\_\_\_\_

Fire Sprinkler >> New  Modification  Fire Alarm >> New  Modification

### Contractor Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

### **(Project Fees)**

Contractor ROC License #: \_\_\_\_\_

**>>> Please complete this section with a description concerning scope of work to be done in reference to this project <<<**

**>>> 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 a permit active and avoid unnecessary expirations, it is important that you call for inspections at 623-974-2321. <<<**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_