



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: [Redacted]
 Project Name: [Redacted]
 Project Address: [Redacted] Suite #: [Redacted] Project Contact Name: [Redacted]
 City: [Redacted] State: [Redacted] Zip Code: [Redacted] Contact Phone #: [Redacted]
 Project Contact Email: [Redacted] Bill Permit Fees to: [Redacted]

CONTRACTOR INFORMATION

Contractor Name: [Redacted]
 Contractor Address: [Redacted]
 City: [Redacted] State: [Redacted] Zip Code: [Redacted] Contact Phone #: [Redacted]
 Contractor Contact Name: [Redacted]
 Contractor Contact Email: [Redacted] Contractor ROC#: [Redacted]

WORK BEING PERFORMED

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

BRIEF DESCRIPTION OF PROPOSED WORK

Describe: [Redacted]

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: [Redacted] Printed Name: [Redacted]