Copper Canyon Fire and Medical District
26 W. Salt Mine Rd.
CAMP VERDE, AZ 86322-0386
BUSINESS 567-9401 • EMERGENCY 911

Hood & Extinguishing System Permit Application

PLEASE PRINT

Section A, Site Information: *Attention: Sections A, B & D (and C when applicable) must be completely filled out for all projects.*

Name of Building/Site: ______________________

Physical Location: ______________________

Applicant Information: ______________________
Name Phone
____
Address License

Building Owner Name: ______________________

Owner Mailing Address: ______________________ Zip Code ________

Owner Phone Number: ( )

Section B, Project Information: *Complete for all* ***Hood*** *installations.*

Size of Hood: Length ________ Width ________

Total Square Feet of Hood opening: ________

Filter Size: ________ Sq Inches Per Filter: ______

Total Number of Filters: ______

Is hood mounted on a combustible surface:
☐ YES ☐ NO

If Yes, indicate clearance provided: _____ inches
Indicate on plan if necessary.

Size of Duct: ______________________

Sq. Feet of Duct: ______________________

Fan CFM: ______________________

Calculated Duct Velocity: ______________________

Hood Construction: ☐ No.18ga. Carbon Steel
(Check one) ☐ No. 20ga. Stainless Steel

Duct Construction: ☐ No.16ga. Carbon Steel
(Check one) ☐ No.18ga. Stainless Steel

Section C, Automatic Fire Suppression Systems: *Complete for all* ***Suppression System*** *installations.*

Name of Installer: ______________________

Agent Type: ☐ Wet Chemical ☐ Other: ______________________

System Make: ______________________ System Model: ______________________

Kitchen Hood, where installed is provided with a portable fire extinguisher rated 40B: ☐ Yes ☐ No ☐ N/A

This application must be accompanied by the following:

- *Drawing of coverage area to include all appliances/equipment, piping and device locations.*
- *Manufacturer's specifications and information.*

Signature of Applicant: ______________________ Date: ______________________