



Camp Verde Fire Department

26 W. Salt Mine Rd.
CAMP VERDE, AZ 86322-0386
BUSINESS 567-9401 • EMERGENCY 911

Fire Alarm Permit Application

Section A, Site Information: Complete for all permits

Job Address: _____
Number and Street name, City/Town, Zip code

Name of Tenant: _____
(if business)

Owner Name: _____

Owner Address: _____ Zip Code: _____

Owner Phone Number: () _____

Section B, Project Information: Complete for all permits.

Occupancy Classification: _____ Number of Stories: _____ Square footage: _____

New System Installation Renovation/Alteration of Existing System

System Class: A B Addressable Other _____

Signal Initiating Devices	Gauge of Wire _____	Quantity
Detectors (heat, smoke, rate of rise, etc.)		
Manual Pull Stations		
Tamper Switches		
Water Flow Switches		
Other (FF phones, UL/Ansul systems, etc.)		
Notification Devices	Gauge of Wire _____	Quantity
Horns, strobes, combination devices, speakers, etc.		
Items Controlled by Alarm		Quantity
Fan shutdown/start		
Elevator recall/shutdown		
Door closure devices		
Fire alarm control panel, annunciators		
Number of Zones (Identify Zones on Plans)		

Section C, Applicant, Project Contractor/Designer Information:

Installing Contractor:

Name _____ Address _____ Phone _____

Designer/Nicet III Info:

Name _____ Address _____ Phone _____

Applicant Name and License:	Address:	Phone
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I hereby certify that the information contained within this application is correct and accurate.

Signature of Applicant: _____ Date: _____