



Camp Verde Fire Department
 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 _____	Size of Duct: _____
Total Square Feet of Hood opening: _____	Sq. Feet of Duct: _____
Filter Size: _____ Sq Inches Per Filter: _____	Fan CFM: _____
Total Number of Filters: _____	Calculated Duct Velocity: _____
Is hood mounted on a combustible surface: <input type="checkbox"/> YES <input type="checkbox"/> NO	Hood Construction: <input type="checkbox"/> No.18ga. Carbon Steel (Check one) <input type="checkbox"/> No. 20ga. Stainless Steel
If <u>Yes</u> , indicate clearance provided: _____ inches Indicate on plan if necessary.	Duct Construction: <input type="checkbox"/> No.16ga. Carbon Steel (Check one) <input type="checkbox"/> 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: _____