

Bullhead City Fire Department Operational Permit

Blasting/Explosives

Fireworks Display
(attach site map)

Cutting/Welding/Hot Works

Hazardous Materials

Permit Location: _____

Company: _____

Name: _____

Address: _____

Phone #: _____ Local Phone #: _____

Fax #: _____ E-Mail Address: _____

Permit Dates: From _____ to _____

Detailed Explanation: _____

Applicant Signature: _____ Date: _____

Permit Fee: \$ _____ Date Paid: _____ Initials: _____

Approved: _____ Date: _____

Inspector