

Bullhead City Fire Department Plan Review Process

Project Name: _____ Project Site Address: _____

Contact Name: _____

Contact Phone #: _____ Fax #: _____

Contact Address: _____

Type of Review:

- | | |
|--|--|
| <input type="checkbox"/> Building | <input type="checkbox"/> Subdivision |
| <input type="checkbox"/> Fire Sprinkler System | <input type="checkbox"/> Fire Alarm System |

Contractor: _____ Contractor: _____

- | | |
|--|--|
| <input type="checkbox"/> Hood Suppression System | <input type="checkbox"/> Fire Hydrant/Water Main |
|--|--|

Contractor: _____

- Other _____

Quantity of Plans Required: _____ Square Feet: _____

Type Construction: _____ Type Occupancy: _____

Building/Subdivision = one set (will be returned)
All Others = one set for Fire Dept., plus additional sets to be returned

Office Use Only

<u>Date</u>	<u>Emp. #</u>	<u>Description of Contact</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

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