

Bullhead City Fire Department
Operational Permit
Fire Hydrants / Valves Permit

Permit Location: _____

Company: _____

Name: _____

Address: _____

Phone #: _____ Local Phone #: _____

Fax #: _____ E-Mail Address: _____

Permit Dates: From _____ to _____

Detailed Explanation: _____

Applicant Signature: _____ **Date:** _____

Hydrant Pre-Inspection: Date: _____ Initials: _____

Comments: _____

Hydrant Post-Inspection: Date: _____ Initials: _____

Comments: _____

(Only approved hydrant wrenches are allowed to be used. No pipe wrenches or other types are to be used).

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

Approved: _____ Date: _____

Inspector