

Bullhead City Fire Department Plan Review Application

Project Name: _____ Project Site Address: _____

Contractor: _____

Contact Name & Address: _____

Contact Phone #: _____ e-mail: _____

Type of Review:

- Building _____ New Construction _____ Tenant Improvement
- Fire Sprinkler System Contractor: _____
- Fire Alarm System Contractor: _____
- Hood Suppression System Contractor: _____
- Fire Hydrant/Water Main Contractor: _____
- Other _____

Square Feet: _____

Office Use Only

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

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

Payment type: cash check credit card other _____