

# Bullhead City Fire Department Plan Review Application

Project Name: \_\_\_\_\_

Project Site Address: \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ e-mail: \_\_\_\_\_

## Type of Review:

Building                      New Construction                      Tenant Improvement  
Square Feet: \_\_\_\_\_                      Occupancy Type: \_\_\_\_\_                      Construction Type: \_\_\_\_\_

Fire Sprinkler System                      New System                      System Modification  
# of Sprinkler Heads: \_\_\_\_\_                      Contractor Name: \_\_\_\_\_  
Contractor Email: \_\_\_\_\_

Fire Alarm System                      New System                      System Modification  
# of Devices: \_\_\_\_\_                      Contractor Name: \_\_\_\_\_  
Contractor Email: \_\_\_\_\_

Hood Suppression System                      New System                      System Modification  
Contractor Name: \_\_\_\_\_  
Contractor Email: \_\_\_\_\_

Fire Hydrant/Water Main                      # of Hydrants: \_\_\_\_\_  
Contractor Name: \_\_\_\_\_  
Contractor Email: \_\_\_\_\_

Other: \_\_\_\_\_

Email Completed Application & Plans (.pdf) to: [planreview@bullheadfire.org](mailto:planreview@bullheadfire.org)

You will receive an email confirmation of receipt and payment information.