Bullhead City Fire Department
Plan Review Application

Project Name: _____

Project Site Address: _____

Contact Name: _____

Contact Address: _____

Contact Phone #: _____ e-mail: _____

Project Contractor: _____

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 Notification Devices: _____ Contractor Name: _____

# of Initiating Devices: _____ Contractor Email: _____

☐ Hood Suppression System ☐ New System ☐ System Modification

Contractor Name: _____

Contractor Email: _____

☐ Carbon Dioxide Beverage Monitoring 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
You will receive an email confirmation of receipt and payment information.

Updated 2/6/2025